

HEALTH PLAN CONTRIBUTION RATES RETIREES

Effective July 23, 2016 - December 31, 2016

Monthly Rates and Contributions

EARLY RETIREES (PRE 65 NO MEDICARE)			
	RETIREE ONLY	RETIREE+1	FAMILY
Blue Shield PPO \$2000 ABHP	\$796.26	\$1,436.46	\$1,996.98
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$16.40	\$32.80	\$49.22
Total	\$817.94	\$1,479.82	\$2,063.20
Blue Shield PPO \$1300 ABHP	\$883.26	\$1,592.46	\$2,213.98
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$16.40	\$32.80	\$49.22
Total	\$904.94	\$1,635.82	\$2,280.20
Blue Shield PPO \$200	\$1,149.26	\$2,071.46	\$2,878.98
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$16.40	\$32.80	\$49.22
Total	\$1,170.94	\$2,114.82	\$2,945.20
Kaiser HMO	\$615.50	\$1,231.00	\$1,741.88
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$16.40	\$32.80	\$49.22
Total	\$637.18	\$1,274.36	\$1,808.10
Kaiser HMO \$1300 ABHP	\$506.70	\$1,013.40	\$1,433.94
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$16.40	\$32.80	\$49.22
Total	\$528.38	\$1,056.76	\$1,500.16

RETIREE HEALTH CONTRIBUTION (RHC)			
YEARS OF SERVICE	LEVEL	PRE 65	65+
12 THRU 14	LEVEL 1	\$338.96	\$131.97
15 THRU 19	LEVEL 2	\$513.57	\$199.96
20 +	LEVEL 3	\$688.19	\$267.94
LOCAL 1 20+ YEARS ONLY*	4 YEAR OPTION	\$1,027.15	\$399.91

*The 4-Year option is only available to Local 1 members with 20+ years of service and must have been elected at the time of retirement.

MEDICARE RETIREES			
	1 IN A&B	1 IN 1 OUT	2 IN A&B
UHC Advantage PPO	\$363.15	-	\$726.30
EDC Admin Fee	\$16.40	-	\$32.80
Total	\$379.55	\$0.00	\$759.10
<i>This plan includes a vision component</i>			
Kaiser Senior Advantage (KSA)	\$403.48	\$1,018.98	\$806.95
EDC Admin Fee	\$16.40	\$32.80	\$32.80
Total	\$419.88	\$1,051.78	\$839.75
<i>This plan includes a vision component</i>			
If you elect coverage...			...then choose
for yourself and you have Medicare A&B			1 IN A&B
for yourself and 1 dependent, and one of you is enrolled in Medicare A&B and one is not			1 IN 1 OUT
for yourself and 1 dependent and both of you are enrolled in Medicare A&B			2 IN A&B

OPTIONAL DENTAL COVERAGE*			
	RETIREE ONLY	RETIREE+1	FAMILY
Delta Dental PPO+Premier	\$54.28	\$97.71	\$135.71
<i>*if you previously dropped dental coverage, you cannot reenroll</i>			

OPTIONAL VSP COVERAGE FOR MEDICARE RETIREES*			
	1 IN A&B	1 IN 1 OUT	2 IN A&B
VSP Choice	\$5.28	\$10.56	\$10.56
<i>*Medicare Retirees have the option of purchasing VSP in addition to the vision plan that is included with their health plan.</i>			

Special rates apply to retirees enrolled in Kaiser who are over the age of 65 and are not enrolled in both Medicare Parts A & B. These rates are significantly more expensive than the Early Retiree or Kaiser Senior Advantage (KSA) rates. If you believe you may fall into this category, please contact Risk Management for a rate sheet, or visit the Risk Management website at : www.edcgov.us/Government/Risk.