

## HEALTH PLAN CONTRIBUTION RATES RETIREES

Effective January 1, 2017 - December 31, 2017

### Monthly Rates and Contributions

EARLY RETIREES (PRE 65 NO MEDICARE)			
	RETIREE ONLY	RETIREE+1	FAMILY
<b>Blue Shield PPO \$2000 ABHP</b>	\$796.96	\$1,437.77	\$1,998.85
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$18.98	\$37.96	\$56.94
<b>Total</b>	<b>\$820.52</b>	<b>\$1,484.89</b>	<b>\$2,070.54</b>
	RETIREE ONLY	RETIREE+1	FAMILY
<b>Blue Shield PPO \$1300 ABHP</b>	\$883.96	\$1,593.77	\$2,215.85
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$18.98	\$37.96	\$56.94
<b>Total</b>	<b>\$907.52</b>	<b>\$1,640.89</b>	<b>\$2,287.54</b>
	RETIREE ONLY	RETIREE+1	FAMILY
<b>Blue Shield PPO \$200</b>	\$1,149.96	\$2,072.77	\$2,880.85
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$18.98	\$37.96	\$56.94
<b>Total</b>	<b>\$1,173.52</b>	<b>\$2,119.89</b>	<b>\$2,952.54</b>
	RETIREE ONLY	RETIREE+1	FAMILY
<b>Kaiser HMO</b>	\$641.84	\$1,268.35	\$1,788.35
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$18.98	\$37.96	\$56.94
<b>Total</b>	<b>\$665.40</b>	<b>\$1,315.47</b>	<b>\$1,860.04</b>
	RETIREE ONLY	RETIREE+1	FAMILY
<b>Kaiser HMO \$1300 ABHP</b>	\$526.99	\$1,038.71	\$1,463.44
VSP Choice	\$4.58	\$9.16	\$14.75
EDC Admin Fee	\$18.98	\$37.96	\$56.94
<b>Total</b>	<b>\$550.55</b>	<b>\$1,085.83</b>	<b>\$1,535.13</b>

RETIREE HEALTH CONTRIBUTION (RHC)			
YEARS OF SERVICE	LEVEL	PRE 65	65+
12 THRU 14	LEVEL 1	\$339.81	\$139.07
15 THRU 19	LEVEL 2	\$514.86	\$210.71
20 +	LEVEL 3	\$689.91	\$282.35
LOCAL 1 20+ YEARS ONLY*	4 YEAR OPTION	\$1,029.71	\$421.41

\*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 (ENROLLED IN PARTS A&B)			
	1 IN A&B	1 IN 1 OUT	2 IN A&B
<b>UHC Advantage PPO</b>	\$395.83	-	\$791.66
EDC Admin Fee	\$18.98	-	\$37.96
EBS Fee (for non CSAC-EIA plan)	\$6.75	-	\$13.50
<b>Total</b>	<b>\$421.56</b>	<b>\$0.00</b>	<b>\$843.12</b>
	1 IN A&B	1 IN 1 OUT	2 IN A&B
<b>Kaiser Senior Advantage (KSA)</b>	\$424.64	\$1,066.00	\$834.03
EDC Admin Fee	\$18.98	\$37.96	\$37.96
<b>Total</b>	<b>\$443.62</b>	<b>\$1,103.96</b>	<b>\$871.99</b>
<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
<b>Delta Dental PPO+Premier</b>	\$54.28	\$97.71	\$135.71

\*if you previously dropped dental coverage, you cannot reenroll

OPTIONAL VSP COVERAGE FOR MEDICARE RETIREES*			
	1 IN A&B	1 IN 1 OUT	2 IN A&B
<b>VSP Choice</b>	\$4.58	\$9.16	\$9.16

\*Medicare Retirees have the option of purchasing VSP at the time of initial enrollment

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](http://www.edcgov.us/Government/Risk).