

EL DORADO COUNTY HEALTH PLANS FOR RETIREES ENROLLED IN KAISER WHO ARE OVER 65 WHO HAVE NEITHER PART A & B OR PART B ONLY

MONTHLY RATES EFFECTIVE JULY 1, 2010

These rates apply if you are a former County employee, who meets eligibility rules for a County Sponsored Health Plan and who receives retirement benefits from PERS, and you or a dependent or both of you are not enrolled in Medicare parts A and B or are only enrolled in Part B.

One over 65 who is neither in Part A or B, or Part B Only: This is your rate if you are electing coverage for yourself only, and you are not enrolled in Medicare A & B or in Part B only.

One over 65 who is neither in Part A or B, or Part B Only and one over 65 that is enrolled in Senior Advantage: This is your rate if you are enrolling yourself and one dependent, and one of you are not enrolled in Medicare A & B or in Part B only, but the other of you is enrolled in Senior Advantage.

Two of you are over 65 and neither is in Part A or B, or are in Part B Only: This is your rate if you are enrolling yourself and one dependent, and both of you are not enrolled in Medicare A & B or in Part B only.

If you have additional dependents to enroll, or if you have any questions about these rates, please contact Human Resources - Risk Management Division at (530) 621-6633 and ask us to quote the appropriate rate for you.

	<i>Without Dental</i>	<i>With Dental</i>
Kaiser HMO \$15 Copay Plan		
One over 65 with no Part A or B coverage , or Part B coverage only	\$1,397	\$1,447
Two over 65 with one with no Part A or B coverage , or Part B coverage only and the other covered by Senior advantage	\$1,827	\$1,877
Two over 65 with no Part A or B coverage , or Part B coverage only	\$2,791	\$2,881

**EL DORADO COUNTY HEALTH PLANS FOR RETIREES ENROLLED IN KAISER
WHO ARE OVER 65 AND HAVE PART A ONLY**

MONTHLY RATES EFFECTIVE JULY 1, 2009

These rates apply if you are a former County employee, who meets eligibility rules for a County Sponsored Health Plan and who receives retirement benefits from PERS, and you or a dependent or both of you are only enrolled in Part A.

One over 65 who is in Part A Only: This is your rate if you are electing coverage for yourself only, and you are enrolled in Part A only.

One over 65 who is in Part A Only and one over 65 that is enrolled in Senior Advantage: This is your rate if you are enrolling yourself and one dependent, and one of you are enrolled in Part A only, but the other of you is enrolled in Senior Advantage.

Two of you are over 65 and both are in Part A Only: This is your rate if you are enrolling yourself and one dependent, and both of you are enrolled in Part A only.

If you have additional dependents to enroll, or if you have any questions about these rates, please contact Human Resources - Risk Management Division at (530) 621-6633 and ask us to quote the appropriate rate for you.

	<i>Without Dental</i>	<i>With Dental</i>
Kaiser HMO \$15 Copay Plan		
One over 65 with Part A coverage only	\$986	\$1,036
Two over 65 with one with Part A coverage only and the other covered by Senior Advantage	\$1,416	\$1,466
Two over 65 with Part A coverage only	\$1,970	\$2,059