

HEALTH PLAN CONTRIBUTION RATES RETIREES

Effective January 1, 2015 - December 31, 2015 (revised on June 16, 2015)

Monthly Rates and Contributions

EARLY RETIREES (PRE 65 NO MEDICARE)			
	RETIREE ONLY	RETIREE+1	FAMILY
Blue Shield PPO \$1300 ABHP	\$825.69	\$1,488.38	\$2,069.45
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$14.88	\$29.76	\$44.63
Total	\$845.85	\$1,528.70	\$2,131.08
	RETIREE ONLY	RETIREE+1	FAMILY
Blue Shield PPO \$200	\$1,074.69	\$1,936.38	\$2,691.45
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$14.88	\$29.76	\$44.63
Total	\$1,094.85	\$1,976.70	\$2,753.08
	RETIREE ONLY	RETIREE+1	FAMILY
Kaiser HMO	\$610.60	\$1,221.21	\$1,728.01
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$14.88	\$29.76	\$44.63
Total	\$630.76	\$1,261.53	\$1,789.64
	RETIREE ONLY	RETIREE+1	FAMILY
Kaiser HMO \$1300 ABHP	\$483.53	\$967.07	\$1,368.40
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$14.88	\$29.76	\$44.63
Total	\$503.69	\$1,007.39	\$1,430.03
	RETIREE ONLY	RETIREE+1	FAMILY
United Healthcare HMO	\$867.61	\$1,778.47	\$2,515.94
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$14.88	\$29.76	\$44.63
Total	\$887.77	\$1,818.79	\$2,577.57

RETIREE HEALTH CONTRIBUTION (RHC)			
YEARS OF SERVICE	LEVEL	PRE 65	65+
12 THRU 14	LEVEL 1	\$263.86	\$175.48
15 THRU 19	LEVEL 2	\$399.79	\$265.88
20 +	LEVEL 3	\$535.72	\$356.28
LOCAL 1 20+ YEARS ONLY*	4 YEAR OPTION	\$799.58	\$531.76

*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
Blue Shield PPO \$1300 ABHP	\$739.92	\$1,402.34	\$1,379.34
VSP Choice	\$5.28	\$10.56	\$10.56
EDC Admin Fee	\$14.88	\$29.76	\$29.76
Total	\$760.08	\$1,442.66	\$1,419.66
	1 IN A&B	1 IN 1 OUT	2 IN A&B
Blue Shield PPO \$200	\$689.92	\$1,763.34	\$1,379.34
VSP Choice	\$5.28	\$10.56	\$10.56
EDC Admin Fee	\$14.88	\$29.76	\$29.76
Total	\$710.08	\$1,803.66	\$1,419.66
	1 IN A&B	1 IN 1 OUT	2 IN A&B
Kaiser Senior Advantage (KSA)*	\$407.22	\$1,017.83	\$814.44
EDC Admin Fee	\$14.88	\$29.76	\$29.76
Total	\$422.10	\$1,047.59	\$844.20

* Kaiser vision is included in the Kaiser Senior Advantage plan

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

*if you previously dropped dental coverage, you cannot reenroll

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.edc.gov.us/Government/Risk.