

EL DORADO COUNTY SPONSORED HEALTH PLANS

MONTHLY RATES EFFECTIVE JULY 1, 2010

FOR RETIREES & COVERED DEPENDENTS WITHOUT MEDICARE

	<i>Without Dental</i>	<i>With Dental</i>
BLUE SHIELD Standard Plan (\$200 Deductible)		
Retiree Only	\$777	\$827
Retiree + 1 Dependent	\$1,453	\$1,543
Retiree + 2 or more	\$1,986	\$2,111

BLUE SHIELD Low Option Plan (\$1000 Deductible)		
Retiree Only	\$714	\$764
Retiree + 1 Dependent	\$1,329	\$1,419
Retiree + 2 or more	\$1,831	\$1,956

KAISER PERMANENTE HMO PLAN (\$15 Copay)		
Retiree Only	\$585	\$635
Retiree + 1 Dependent	\$1,168	\$1,258
Retiree + 2 or more	\$1,652	\$1,777

PACIFICARE HMO PLAN (\$15 Copay)		
Retiree Only	\$547	\$597
Retiree + 1 Dependent	\$1,117	\$1,207
Retiree + 2 or more	\$1,583	\$1,707

If you or your dependent is enrolled in Medicare Parts A and B, please see the rates for Medicare Retirees.

EL DORADO COUNTY HEALTH PLANS FOR MEDICARE RETIREES

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 enrolled in Medicare parts A and B.

One in Medicare A & B: This is your rate if you are electing coverage for yourself only, and you are enrolled in Medicare A & B.

One in Medicare A & B and one not in Medicare A & B: This is your rate if you are enrolling yourself and one dependent, and one of you is enrolled in Medicare A & B, but the other of you is not enrolled in Medicare A & B.

Two in Medicare A & B: This is your rate if you are enrolling yourself and one dependent, and both of you are enrolled in Medicare A & B.

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>
BLUE SHIELD Standard Plan (\$200 Deductible)		
One in Medicare A & B	\$619	\$669
One in Medicare A & B and one not in Medicare A & B	\$1,321	\$1,411
Two in Medicare A & B	\$1,152	\$1,242

BLUE SHIELD Low Option Plan (\$1000 Deductible)		
One in Medicare A & B	\$565	\$615
One in Medicare A & B and one not in Medicare A & B	\$1,202	\$1,292
Two in Medicare A & B	\$1,044	\$1,134

KAISER SENIOR ADVANTAGE (\$5 Copay)		
One in Medicare A & B	\$415	\$465
One in Medicare A & B and one not in Medicare A & B	\$998	\$1,088
Two in Medicare A & B	\$828	\$918