

HEALTH PLAN CONTRIBUTION RATES

RETIREES

Effective January 1, 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	\$21.10	\$42.21	\$63.31
Total	\$822.64	\$1,489.23	\$2,077.29
	RETIREE ONLY	RETIREE+1	FAMILY
Blue Shield PPO \$1300 ABHP	\$883.26	\$1,592.46	\$2,213.98
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$21.10	\$42.21	\$63.31
Total	\$909.64	\$1,645.23	\$2,294.29
	RETIREE ONLY	RETIREE+1	FAMILY
Blue Shield PPO \$200	\$1,149.26	\$2,071.46	\$2,878.98
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$21.10	\$42.21	\$63.31
Total	\$1,175.64	\$2,124.23	\$2,959.29
	RETIREE ONLY	RETIREE+1	FAMILY
Kaiser HMO	\$615.50	\$1,231.00	\$1,741.88
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$21.10	\$42.21	\$63.31
Total	\$641.88	\$1,283.77	\$1,822.19
	RETIREE ONLY	RETIREE+1	FAMILY
Kaiser HMO \$1300 ABHP	\$506.70	\$1,013.40	\$1,433.94
VSP Choice	\$5.28	\$10.56	\$17.00
EDC Admin Fee	\$21.10	\$42.21	\$63.31
Total	\$533.08	\$1,066.17	\$1,514.25

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	\$22.10	-	\$42.21
Total	\$385.25	\$0.00	\$768.51
	1 IN A&B	1 IN 1 OUT	2 IN A&B
Kaiser Senior Advantage (KSA)	\$403.48	\$1,018.98	\$806.95
EDC Admin Fee	\$22.10	\$42.21	\$42.21
Total	\$425.58	\$1,061.19	\$849.16
<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.