

2007 Retiree Health Plan Rate Table

RETIREEES NOT ENROLLED IN MEDICARE

	PPO PLANS		HEALTH MAINTENANCE PLANS	
RETIREE ENROLLMENT STATUS	Premier Wellwise Plan	Premier Sharewell Plan	Kaiser Health Plan	CIGNA Health Plan
RETIREE ONLY	\$662.77	\$214.98	\$314.02	\$356.04
RETIREE W/1 DEPENDENT	\$1,167.25	\$353.08	\$628.04	\$703.72
RETIREE W/2 OR MORE DEPENDENTS	\$1,638.43	\$455.95	\$888.70	\$979.16

RETIREEES ENROLLED IN MEDICARE

RETIREE ENROLLMENT STATUS	Premier Wellwise Plan	Premier Sharewell Plan	Kaiser Health Plan	CIGNA Health Plan
RETIREE ONLY Part B ONLY	\$473.86	\$158.96	\$262.56	\$277.72
RETIREE ONLY Part A & B	\$320.36	\$93.51	\$211.09	\$234.99
RETIREE W/1 DEPENDENT				
ONE W/ MEDICARE Part B ONLY	\$978.36	\$297.06	\$576.58	\$647.43
ONE W/ MEDICARE Part A & B	\$824.85	\$231.61	\$525.11	\$636.46
TWO W/ MEDICARE Part B ONLY	\$789.45	\$241.03	\$525.12	\$548.90
TWO W/ MEDICARE Part A & B	\$482.45	\$110.13	\$422.18	\$471.49
RETIREE W/2 OR MORE DEPENDENTS				
ONE W/MEDICARE Part B ONLY	\$1,449.54	\$399.93	\$837.24	\$920.43
ONE W/MEDICARE Part A & B	\$1,296.03	\$334.48	\$785.77	\$910.62
TWO W/ MEDICARE Part B ONLY	\$1,260.63	\$343.90	\$785.78	\$832.26
TWO W/ MEDICARE Part A & B	\$953.63	\$213.00	\$682.84	\$822.49

NOTE: Eligible Retirees and/or enrolled dependent age 65 or older must enroll in Medicare Part B. Eligible Retiree entitled to Medicare Part A without a premium must enroll in Medicare Part A. Evidence of Medicare coverage is required. For eligible retirees, the Retiree Medical Grant for 2007 is \$16.67 per month for each year of County Service to a maximum of 25 years.

2007 Health Plan Rate Table				
Retirees (Eligibility Workers)				
RETIREES NOT ENROLLED IN MEDICARE				
	PPO PLANS		HEALTH MAINTENANCE PLANS	
RETIREE ENROLLMENT STATUS	Premier Wellwise Plan	Premier Sharewell Plan	Kaiser Health Plan	CIGNA Health Plan
RETIREE ONLY	\$914.76	\$297.00	\$435.08	\$356.04
RETIREE W/1 DEPENDENT	\$1,611.23	\$487.00	\$870.16	\$703.72
RETIREE W/2 OR MORE DEPENDENTS	\$2,261.39	\$629.00	\$1,231.28	\$979.16
RETIREES ENROLLED IN MEDICARE				
RETIREE ENROLLMENT STATUS	Premier Wellwise Plan	Premier Sharewell Plan	Kaiser Health Plan	CIGNA Health Plan
RETIREE ONLY Part B ONLY	\$583.07	\$196.00	\$262.56	\$277.72
RETIREE ONLY Part A & B	\$345.87	\$101.00	\$211.09	\$234.99
RETIREE W/1 DEPENDENT				
ONE W/ MEDICARE Part B ONLY	\$1,497.83	\$492.00	\$697.64	\$647.43
ONE W/ MEDICARE Part A & B	\$1,260.63	\$398.00	\$646.17	\$636.46
TWO W/ MEDICARE Part B ONLY	\$1,166.13	\$391.00	\$525.12	\$548.90
TWO W/ MEDICARE Part A & B	\$691.74	\$202.00	\$422.18	\$471.49
RETIREE W/2 OR MORE DEPENDENTS				
ONE W/MEDICARE Part B ONLY	\$1,929.69	\$528.00	\$1,058.76	\$920.43
ONE W/MEDICARE Part A & B	\$1,692.50	\$434.00	\$1,007.29	\$910.62
TWO W/ MEDICARE Part B ONLY	\$1,816.29	\$533.00	\$886.24	\$832.26
TWO W/ MEDICARE Part A & B	\$1,341.90	\$344.00	\$783.30	\$822.49
NOTE: Eligible Retirees and/or enrolled dependent age 65 or older must enroll in Medicare Part B. Eligible Retiree entitled to Medicare Part A without a premium must enroll in Medicare Part A. Evidence of Medicare coverage is required. For eligible retirees, the Retiree Medical Grant for 2007 is \$16.67 per month for each year of County Service to a maximum of 25 years.				
IMPORTANT: For employees that retired on or after September 30, 2005, there is no Grant.				