

2027 Monthly Premium Rates: Non-Medicare-Eligible Retirees

Pre-65 Medical Premiums

	Monthly County		Monthly Retiree		Cost Share Percentage	
	Without Wellness	With Wellness	Without Wellness	With Wellness	County	Retiree
Retired 2004 and Earlier						
ANTHEM HSA PLAN						
Retiree	\$1,070.40	\$1,090.40	\$118.94	\$98.94	90%	10%
Retiree + 1	\$2,046.20	\$2,066.20	\$227.35	\$207.35	90%	10%
Family	\$2,730.07	\$2,750.07	\$303.35	\$283.35	90%	10%
ANTHEM POS PLAN						
Retiree	\$1,366.15	\$1,386.15	\$151.80	\$131.80	90%	10%
Retiree + 1	\$2,521.63	\$2,541.63	\$280.18	\$260.18	90%	10%
Family	\$3,421.42	\$3,441.42	\$380.16	\$360.16	90%	10%
ANTHEM HMO PLAN						
Retiree	\$1,199.26	\$1,219.26	\$133.25	\$113.25	90%	10%
Retiree + 1	\$2,213.48	\$2,233.48	\$245.95	\$225.95	90%	10%
Family	\$3,003.46	\$3,023.46	\$333.72	\$313.72	90%	10%
KAISER HMO PLAN						
Retiree	\$1,053.59	\$1,073.59	\$117.06	\$97.06	90%	10%
Retiree + 1	\$2,014.03	\$2,034.03	\$223.78	\$203.78	90%	10%
Family	\$2,689.60	\$2,709.60	\$298.84	\$278.84	90%	10%
KAISER SPLIT FAMILY HMO PLAN (FOR FAMILIES WITH MEMBERS OVER AGE 65 AND UNDER AGE 65)						
U65 Retiree + 1 SA Dep	\$1,236.62		\$137.40		90%	10%
U65 Retiree + 1 SA Dep + 1 or more Non-SA Dep	\$2,054.62		\$228.29		90%	10%
U65 Retiree + 2 SA Dep + 1 or more Non-SA Dep	\$1,419.65		\$157.74		90%	10%

Note: SA = Senior Advantage

Monthly medical premiums will be \$20 lower if the wellness credit is earned for all non-Medicare-eligible retirees and \$50 higher if you must pay the tobacco surcharge.

2027 Monthly Premium Rates: Non-Medicare-Eligible Retirees

Pre-65 Medical Premiums

	Monthly County		Monthly Retiree		Cost Share Percentage	
	Without Wellness	With Wellness	Without Wellness	With Wellness	County	Retiree
Retired 2005						
ANTHEM HSA PLAN						
Retiree	\$1,010.94	\$1,030.94	\$178.40	\$158.40	85%	15%
Retiree + 1	\$1,932.52	\$1,952.52	\$341.03	\$321.03	85%	15%
Family	\$2,578.40	\$2,598.40	\$455.02	\$435.02	85%	15%
ANTHEM POS PLAN						
Retiree	\$1,290.25	\$1,310.25	\$227.70	\$207.70	85%	15%
Retiree + 1	\$2,381.54	\$2,401.54	\$420.27	\$400.27	85%	15%
Family	\$3,231.34	\$3,251.34	\$570.24	\$550.24	85%	15%
ANTHEM HMO PLAN						
Retiree	\$1,132.63	\$1,152.63	\$199.88	\$179.88	85%	15%
Retiree + 1	\$2,090.51	\$2,110.51	\$368.92	\$348.92	85%	15%
Family	\$2,836.60	\$2,856.60	\$500.58	\$480.58	85%	15%
KAISER HMO PLAN						
Retiree	\$995.05	\$1,015.05	\$175.60	\$155.60	85%	15%
Retiree + 1	\$1,902.14	\$1,922.14	\$335.67	\$315.67	85%	15%
Family	\$2,540.17	\$2,560.17	\$448.27	\$428.27	85%	15%
KAISER SPLIT FAMILY HMO PLAN (FOR FAMILIES WITH MEMBERS OVER AGE 65 AND UNDER AGE 65)						
U65 Retiree + 1 SA Dep	\$1,167.92		\$206.10		85%	15%
U65 Retiree + 1 SA Dep + 1 or more Non-SA Dep	\$1,940.48		\$342.44		85%	15%
U65 Retiree + 2 SA Dep + 1 or more Non-SA Dep	\$1,340.78		\$236.61		85%	15%

Note: SA = Senior Advantage

Monthly medical premiums will be \$20 lower if the wellness credit is earned for all non-Medicare-eligible retirees and \$50 higher if you must pay the tobacco surcharge.

2027 Monthly Premium Rates: Non-Medicare-Eligible Retirees

Pre-65 Medical Premiums

	Monthly County		Monthly Retiree		Cost Share Percentage	
	Without Wellness	With Wellness	Without Wellness	With Wellness	County	Retiree
Retired 2006						
ANTHEM HSA PLAN						
Retiree	\$987.15	\$1,007.15	\$202.19	\$182.19	83%	17%
Retiree + 1	\$1,887.05	\$1,907.05	\$386.50	\$366.50	83%	17%
Family	\$2,517.74	\$2,537.74	\$515.68	\$495.68	83%	17%
ANTHEM POS PLAN						
Retiree	\$1,259.90	\$1,279.90	\$258.05	\$238.05	83%	17%
Retiree + 1	\$2,325.50	\$2,345.50	\$476.31	\$456.31	83%	17%
Family	\$3,155.31	\$3,175.31	\$646.27	\$626.27	83%	17%
ANTHEM HMO PLAN						
Retiree	\$1,105.98	\$1,125.98	\$226.53	\$206.53	83%	17%
Retiree + 1	\$2,041.32	\$2,061.32	\$418.11	\$398.11	83%	17%
Family	\$2,769.86	\$2,789.86	\$567.32	\$547.32	83%	17%
KAISER HMO PLAN						
Retiree	\$971.64	\$991.64	\$199.01	\$179.01	83%	17%
Retiree + 1	\$1,857.38	\$1,877.38	\$380.43	\$360.43	83%	17%
Family	\$2,480.41	\$2,500.41	\$508.03	\$488.03	83%	17%
KAISER SPLIT FAMILY HMO PLAN (FOR FAMILIES WITH MEMBERS OVER AGE 65 AND UNDER AGE 65)						
U65 Retiree + 1 SA Dep	\$1,140.44		\$233.58		83%	17%
U65 Retiree + 1 SA Dep + 1 or more Non-SA Dep	\$1,894.82		\$388.10		83%	17%
U65 Retiree + 2 SA Dep + 1 or more Non-SA Dep	\$1,309.23		\$268.16		83%	17%

Note: SA = Senior Advantage

Monthly medical premiums will be \$20 lower if the wellness credit is earned for all non-Medicare-eligible retirees and \$50 higher if you must pay the tobacco surcharge.

2027 Monthly Premium Rates: Non-Medicare-Eligible Retirees

Pre-65 Medical Premiums

	Monthly County		Monthly Retiree		Cost Share Percentage	
	Without Wellness	With Wellness	Without Wellness	With Wellness	County	Retiree
Retired 2007–2011						
ANTHEM HSA PLAN						
Retiree	\$951.47	\$971.47	\$237.87	\$217.87	80%	20%
Retiree + 1	\$1,818.84	\$1,838.84	\$454.71	\$434.71	80%	20%
Family	\$2,426.73	\$2,446.73	\$606.69	\$586.69	80%	20%
ANTHEM POS PLAN						
Retiree	\$1,214.36	\$1,234.36	\$303.59	\$283.59	80%	20%
Retiree + 1	\$2,241.45	\$2,261.45	\$560.36	\$540.36	80%	20%
Family	\$3,041.26	\$3,061.26	\$760.32	\$740.32	80%	20%
ANTHEM HMO PLAN						
Retiree	\$1,066.01	\$1,086.01	\$266.50	\$246.50	80%	20%
Retiree + 1	\$1,967.54	\$1,987.54	\$491.89	\$471.89	80%	20%
Family	\$2,669.74	\$2,689.74	\$667.44	\$647.44	80%	20%
KAISER HMO PLAN						
Retiree	\$936.52	\$956.52	\$234.13	\$214.13	80%	20%
Retiree + 1	\$1,790.25	\$1,810.25	\$447.56	\$427.56	80%	20%
Family	\$2,390.75	\$2,410.75	\$597.69	\$577.69	80%	20%
KAISER SPLIT FAMILY HMO PLAN (FOR FAMILIES WITH MEMBERS OVER AGE 65 AND UNDER AGE 65)						
U65 Retiree + 1 SA Dep	\$1,099.22		\$274.80		80%	20%
U65 Retiree + 1 SA Dep + 1 or more Non-SA Dep	\$1,826.33		\$456.58		80%	20%
U65 Retiree + 2 SA Dep + 1 or more Non-SA Dep	\$1,261.91		\$315.48		80%	20%

Note: SA = Senior Advantage

Monthly medical premiums will be \$20 lower if the wellness credit is earned for all non-Medicare-eligible retirees and \$50 higher if you must pay the tobacco surcharge.

2027 Monthly Premium Rates: Non-Medicare-Eligible Retirees

Pre-65 Medical Premiums

	Monthly County		Monthly Retiree		Cost Share Percentage	
	Without Wellness	With Wellness	Without Wellness	With Wellness	County	Retiree
Retired 2012–2015						
ANTHEM HSA PLAN						
Retiree	\$927.68	\$947.68	\$261.66	\$241.66	78%	22%
Retiree + 1	\$1,773.37	\$1,793.37	\$500.18	\$480.18	78%	22%
Family	\$2,366.06	\$2,386.06	\$667.36	\$647.36	78%	22%
ANTHEM POS PLAN						
Retiree	\$1,184.00	\$1,204.00	\$333.95	\$313.95	78%	22%
Retiree + 1	\$2,185.41	\$2,205.41	\$616.40	\$596.40	78%	22%
Family	\$2,965.23	\$2,985.23	\$836.35	\$816.35	78%	22%
ANTHEM HMO PLAN						
Retiree	\$1,039.36	\$1,059.36	\$293.15	\$273.15	78%	22%
Retiree + 1	\$1,918.35	\$1,938.35	\$541.08	\$521.08	78%	22%
Family	\$2,603.00	\$2,623.00	\$734.18	\$714.18	78%	22%
KAISER HMO PLAN						
Retiree	\$913.11	\$933.11	\$257.54	\$237.54	78%	22%
Retiree + 1	\$1,745.49	\$1,765.49	\$492.32	\$472.32	78%	22%
Family	\$2,330.98	\$2,350.98	\$657.46	\$637.46	78%	22%
KAISER SPLIT FAMILY HMO PLAN (FOR FAMILIES WITH MEMBERS OVER AGE 65 AND UNDER AGE 65)						
U65 Retiree + 1 SA Dep	\$1,071.74		\$302.28		78%	22%
U65 Retiree + 1 SA Dep + 1 or more Non-SA Dep	\$1,780.67		\$502.24		78%	22%
U65 Retiree + 2 SA Dep + 1 or more Non-SA Dep	\$1,230.36		\$347.03		78%	22%

Note: SA = Senior Advantage

Monthly medical premiums will be \$20 lower if the wellness credit is earned for all non-Medicare-eligible retirees and \$50 higher if you must pay the tobacco surcharge.

2027 Monthly Premium Rates: Non-Medicare-Eligible Retirees

Pre-65 Medical Premiums

	Monthly County		Monthly Retiree		Cost Share Percentage	
	Without Wellness	With Wellness	Without Wellness	With Wellness	County	Retiree
Retired 2016 and Later						
ANTHEM HSA PLAN						
Retiree	\$951.47	\$971.47	\$237.87	\$217.87	80%	20%
Retiree + 1	\$1,818.84	\$1,838.84	\$454.71	\$434.71	80%	20%
Family	\$2,426.73	\$2,446.73	\$606.69	\$586.69	80%	20%
ANTHEM POS PLAN						
Retiree	\$1,138.46	\$1,158.46	\$379.49	\$359.49	75%	25%
Retiree + 1	\$2,101.36	\$2,121.36	\$700.45	\$680.45	75%	25%
Family	\$2,851.19	\$2,871.19	\$950.39	\$930.39	75%	25%
ANTHEM HMO PLAN						
Retiree	\$1,066.01	\$1,086.01	\$266.50	\$246.50	80%	20%
Retiree + 1	\$1,967.54	\$1,987.54	\$491.89	\$471.89	80%	20%
Family	\$2,669.74	\$2,689.74	\$667.44	\$647.44	80%	20%
KAISER HMO PLAN						
Retiree	\$936.52	\$956.52	\$234.13	\$214.13	80%	20%
Retiree + 1	\$1,790.25	\$1,810.25	\$447.56	\$427.56	80%	20%
Family	\$2,390.75	\$2,410.75	\$597.69	\$577.69	80%	20%
KAISER SPLIT FAMILY HMO PLAN (FOR FAMILIES WITH MEMBERS OVER AGE 65 AND UNDER AGE 65)						
U65 Retiree + 1 SA Dep	\$1,099.22		\$274.80		80%	20%
U65 Retiree + 1 SA Dep + 1 or more Non-SA Dep	\$1,826.33		\$456.58		80%	20%
U65 Retiree + 2 SA Dep + 1 or more Non-SA Dep	\$1,261.91		\$315.48		80%	20%

Note: SA = Senior Advantage

Monthly medical premiums will be \$20 lower if the wellness credit is earned for all non-Medicare-eligible retirees and \$50 higher if you must pay the tobacco surcharge.

2027 Monthly Premium Rates: Non-Medicare-Eligible Retirees

Pre-65 Dental Premiums

Pre-65 Dental Premiums	Monthly County	Monthly Retiree	Cost Share Percentage	
			County	Retiree
AETNA DENTAL HMO PLAN				
Retiree	\$0	\$17.47	0%	100%
Retiree + 1	\$0	\$34.09	0%	100%
Family	\$0	\$55.94	0%	100%
AETNA DENTAL PPO PLAN				
Retiree	\$0	\$39.45	0%	100%
Retiree + 1	\$0	\$80.90	0%	100%
Family	\$0	\$106.09	0%	100%

Pre-65 Vision Premiums

Pre-65 Vision Premiums	Monthly County	Monthly Retiree	Cost Share Percentage	
			County	Retiree
SUPERIOR VISION PPO PLAN				
Retiree	\$3.39	\$2.46	58%	42%
Retiree + 1	\$6.96	\$5.03	58%	42%
Family	\$9.12	\$6.61	58%	42%

Pre-65 Supplemental Life Premiums

	Monthly Retiree Cost
Dependent Spouse and Child Life Insurance	\$2.89

2027 Monthly Premium Rates: Medicare-Eligible Retirees

Age 65+ Medical Premiums	Monthly County	Monthly Retiree	Cost Share Percentage	
			County	Retiree
Retired 2004 and Earlier				
HUMANA BASIC MEDICARE ADVANTAGE PLAN				
Retiree	\$224.39	\$24.93	90%	10%
Retiree + 1	\$448.78	\$49.86	90%	10%
Family	\$673.16	\$74.80	90%	10%
HUMANA ENHANCED MEDICARE ADVANTAGE PLAN				
Retiree	\$224.39	\$88.10	Buy-up	
Retiree + 1	\$448.78	\$176.20	Buy-up	
Family	\$673.16	\$264.31	Buy-up	
KAISER SENIOR ADVANTAGE PLAN				
1 Member	\$183.03	\$20.34	90%	10%
2 Members	\$366.07	\$40.67	90%	10%
3+ Members	\$549.10	\$61.01	90%	10%
KAISER SPLIT FAMILY HMO PLAN (FOR FAMILIES WITH MEMBERS OVER AGE 65 AND UNDER AGE 65)				
SA Retiree + 1 Non-SA Dep	\$960.50	\$106.72	90%	10%
SA Retiree + 1 or more Non-SA Dep	\$1,540.53	\$171.17	90%	10%
SA Retiree + 1 SA Dep + 1 or more Non-SA Dep	\$1,143.53	\$127.06	90%	10%
ANTHEM MEDICARE HMO PLAN				
Retiree	\$656.15	\$72.91	90%	10%
Family	\$1,239.46	\$137.71	90%	10%
ANTHEM MEDICARE INDEMNITY PLAN				
Retiree	\$446.12	\$111.52	80%	20%
Family	\$1,142.92	\$285.73	80%	20%
ANTHEM MEDICARE PPO PLUS PLAN				
Retiree	\$501.88	\$55.76	90%	10%
Family	\$1,285.78	\$142.87	90%	10%

Note: SA = Senior Advantage

2027 Monthly Premium Rates: Medicare-Eligible Retirees

Age 65+ Medical Premiums

Age 65+ Medical Premiums	Monthly County	Monthly Retiree	Cost Share Percentage	
			County	Retiree
Retired 2005				
HUMANA BASIC MEDICARE ADVANTAGE PLAN				
Retiree	\$211.92	\$37.40	85%	15%
Retiree + 1	\$423.84	\$74.80	85%	15%
Family	\$635.77	\$112.19	85%	15%
HUMANA ENHANCED MEDICARE ADVANTAGE PLAN				
Retiree	\$211.92	\$100.57	Buy-up	
Retiree + 1	\$423.84	\$201.14	Buy-up	
Family	\$635.77	\$301.70	Buy-up	
KAISER SENIOR ADVANTAGE PLAN				
1 Member	\$172.86	\$30.51	85%	15%
2 Members	\$345.73	\$61.01	85%	15%
3+ Members	\$518.59	\$91.52	85%	15%
KAISER SPLIT FAMILY HMO PLAN (FOR FAMILIES WITH MEMBERS OVER AGE 65 AND UNDER AGE 65)				
SA Retiree + 1 Non-SA Dep	\$907.14	\$160.08	85%	15%
SA Retiree + 1 or more Non-SA Dep	\$1,454.94	\$256.75	85%	15%
SA Retiree + 1 SA Dep + 1 or more Non-SA Dep	\$1,080.00	\$190.59	85%	15%
ANTHEM MEDICARE HMO PLAN				
Retiree	\$619.70	\$109.36	85%	15%
Family	\$1,170.60	\$206.57	85%	15%
ANTHEM MEDICARE INDEMNITY PLAN				
Retiree	\$434.96	\$122.68	78%	22%
Family	\$1,114.34	\$314.31	78%	22%

Note: SA = Senior Advantage

2027 Monthly Premium Rates: Medicare-Eligible Retirees

Age 65+ Medical Premiums

Age 65+ Medical Premiums	Monthly County	Monthly Retiree	Cost Share Percentage	
			County	Retiree
Retired 2006				
HUMANA BASIC MEDICARE ADVANTAGE PLAN				
Retiree	\$206.94	\$42.38	83%	17%
Retiree + 1	\$413.87	\$84.77	83%	17%
Family	\$620.81	\$127.15	83%	17%
HUMANA ENHANCED MEDICARE ADVANTAGE PLAN				
Retiree	\$206.94	\$105.55	Buy-up	
Retiree + 1	\$413.87	\$211.11	Buy-up	
Family	\$620.81	\$316.66	Buy-up	
KAISER SENIOR ADVANTAGE PLAN				
1 Member	\$168.80	\$34.57	83%	17%
2 Members	\$337.59	\$69.15	83%	17%
3+ Members	\$506.39	\$103.72	83%	17%
KAISER SPLIT FAMILY HMO PLAN (FOR FAMILIES WITH MEMBERS OVER AGE 65 AND UNDER AGE 65)				
SA Retiree + 1 Non-SA Dep	\$885.79	\$181.43	83%	17%
SA Retiree + 1 or more Non-SA Dep	\$1,420.71	\$290.99	83%	17%
SA Retiree + 1 SA Dep + 1 or more Non-SA Dep	\$1,054.59	\$216.00	83%	17%
ANTHEM MEDICARE HMO PLAN				
Retiree	\$605.12	\$123.94	83%	17%
Family	\$1,143.05	\$234.12	83%	17%
ANTHEM MEDICARE INDEMNITY PLAN				
Retiree	\$429.39	\$128.25	77%	23%
Family	\$1,100.06	\$328.59	77%	23%

Note: SA = Senior Advantage

2027 Monthly Premium Rates: Medicare-Eligible Retirees

Age 65+ Medical Premiums

Age 65+ Medical Premiums	Monthly County	Monthly Retiree	Cost Share Percentage	
			County	Retiree
Retired 2007–2011				
HUMANA BASIC MEDICARE ADVANTAGE PLAN				
Retiree	\$199.46	\$49.86	80%	20%
Retiree + 1	\$398.91	\$99.73	80%	20%
Family	\$598.37	\$149.59	80%	20%
HUMANA ENHANCED MEDICARE ADVANTAGE PLAN				
Retiree	\$199.46	\$113.03	Buy-up	
Retiree + 1	\$398.91	\$226.07	Buy-up	
Family	\$598.37	\$339.10	Buy-up	
KAISER SENIOR ADVANTAGE PLAN				
1 Member	\$162.70	\$40.67	80%	20%
2 Members	\$325.39	\$81.35	80%	20%
3+ Members	\$488.09	\$122.02	80%	20%
KAISER SPLIT FAMILY HMO PLAN (FOR FAMILIES WITH MEMBERS OVER AGE 65 AND UNDER AGE 65)				
SA Retiree + 1 Non-SA Dep	\$853.78	\$213.44	80%	20%
SA Retiree + 1 or more Non-SA Dep	\$1,369.36	\$342.34	80%	20%
SA Retiree + 1 SA Dep + 1 or more Non-SA Dep	\$1,016.47	\$254.12	80%	20%
ANTHEM MEDICARE HMO PLAN				
Retiree	\$583.25	\$145.81	80%	20%
Family	\$1,101.74	\$275.43	80%	20%
ANTHEM MEDICARE INDEMNITY PLAN				
Retiree	\$418.23	\$139.41	75%	25%
Family	\$1,071.48	\$357.17	75%	25%

Note: SA = Senior Advantage

2027 Monthly Premium Rates: Medicare-Eligible Retirees

Age 65+ Medical Premiums

Age 65+ Medical Premiums	Monthly County	Monthly Retiree	Cost Share Percentage	
			County	Retiree
Retired 2012–2015				
HUMANA BASIC MEDICARE ADVANTAGE PLAN				
Retiree	\$194.47	\$54.85	78%	22%
Retiree + 1	\$388.94	\$109.70	78%	22%
Family	\$583.41	\$164.55	78%	22%
HUMANA ENHANCED MEDICARE ADVANTAGE PLAN				
Retiree	\$194.47	\$118.02	Buy-up	
Retiree + 1	\$388.94	\$236.04	Buy-up	
Family	\$583.41	\$354.06	Buy-up	
KAISER SENIOR ADVANTAGE PLAN				
1 Member	\$158.63	\$44.74	78%	22%
2 Members	\$317.26	\$89.48	78%	22%
3+ Members	\$475.89	\$134.22	78%	22%
KAISER SPLIT FAMILY HMO PLAN (FOR FAMILIES WITH MEMBERS OVER AGE 65 AND UNDER AGE 65)				
SA Retiree + 1 Non-SA Dep	\$832.43	\$234.79	78%	22%
SA Retiree + 1 or more Non-SA Dep	\$1,335.12	\$376.57	78%	22%
SA Retiree + 1 SA Dep + 1 or more Non-SA Dep	\$991.06	\$279.53	78%	22%
ANTHEM MEDICARE HMO PLAN				
Retiree	\$568.66	\$160.40	78%	22%
Family	\$1,074.19	\$302.98	78%	22%
ANTHEM MEDICARE INDEMNITY PLAN				
Retiree	\$407.08	\$150.56	73%	27%
Family	\$1,042.91	\$385.74	73%	27%

Note: SA = Senior Advantage

2027 Monthly Premium Rates: Medicare-Eligible Retirees

Age 65+ Medical Premiums

Age 65+ Medical Premiums	Monthly County	Monthly Retiree	Cost Share Percentage	
			County	Retiree
Retired 2016 and Later				
HUMANA BASIC MEDICARE ADVANTAGE PLAN				
Retiree	\$199.46	\$49.86	80%	20%
Retiree + 1	\$398.91	\$99.73	80%	20%
Family	\$598.37	\$149.59	80%	20%
HUMANA ENHANCED MEDICARE ADVANTAGE PLAN				
Retiree	\$199.46	\$113.03	Buy-up	
Retiree + 1	\$398.91	\$226.07	Buy-up	
Family	\$598.37	\$339.10	Buy-up	
KAISER SENIOR ADVANTAGE PLAN				
1 Member	\$162.70	\$40.67	80%	20%
2 Members	\$325.39	\$81.35	80%	20%
3+ Members	\$488.09	\$122.02	80%	20%
KAISER SPLIT FAMILY HMO PLAN (FOR FAMILIES WITH MEMBERS OVER AGE 65 AND UNDER AGE 65'S)				
SA Retiree + 1 Non-SA Dep	\$853.78	\$213.44	80%	20%
SA Retiree + 1 or more Non-SA Dep	\$1,369.36	\$342.34	80%	20%
SA Retiree + 1 SA Dep + 1 or more Non-SA Dep	\$1,016.47	\$254.12	80%	20%
ANTHEM MEDICARE HMO PLAN				
Retiree	\$583.25	\$145.81	80%	20%
Family	\$1,101.74	\$275.43	80%	20%
ANTHEM MEDICARE INDEMNITY PLAN				
Retiree	\$418.23	\$139.41	75%	25%
Family	\$1,071.48	\$357.17	75%	25%

Note: SA = Senior Advantage

Age 65+ Dental Premiums

Age 65+ Dental Premiums	Monthly County	Monthly Retiree	Cost Share Percentage	
			County	Retiree
AETNA DENTAL HMO PLAN				
Retiree	\$0	\$17.47	0%	100%
Family	\$0	\$40.60	0%	100%
AETNA DENTAL PPO PLAN				
Retiree	\$0	\$39.45	0%	100%
Family	\$0	\$89.82	0%	100%

Age 65+ Vision Premiums

Age 65+ Vision Premiums	Monthly County	Monthly Retiree	Cost Share Percentage	
			County	Retiree
SUPERIOR VISION PPO PLAN				
Retiree	\$3.39	\$2.46	58%	42%
Family	\$7.72	\$5.60	58%	42%

Age 65+ Supplemental Life Premiums

	Monthly Retiree Cost
Dependent Spouse and Child Life Insurance	\$2.89