

RETIREE HEALTH & WELFARE MONTHLY PREMIUM RATES
Effective September 1, 2009 through August 31, 2010

KAISER

Retiree under 65	\$ 504.02
Retiree + 1 dep	\$ 1,008.04
Retiree + family	\$ 1,426.37

Kaiser w/ Senior Advantage (SRA) for age 65 and over

Retiree w/ SRA	\$ 338.39
Retiree + 1 dep = both w/SRA	\$ 676.78
Retiree + 1 dep = 1 SRA & 1 under 65	\$ 842.41

Kaiser Medicare Cost

Retiree w/ Medicare A & B	\$ 726.60
Retiree w/ Medicare Part A only	\$ 799.10
Retiree w/ Medicare Part B only	\$ 1,209.75
Retiree + 1 dep = 1 w/ Medicare A & B & 1 under 65	\$ 1,230.62
Retiree + 1 dep = both w/ Medicare A & B	\$ 1,453.20

PPO PRUDENT BUYER (premium includes mental health cost of \$18.57)

Retiree under 65	\$ 640.61
Retiree w/ Medicare A & B	\$ 459.35
Retiree + 1 dep - both under 65	\$ 1,262.65
Retiree + 1 dep - both w/ Medicare A & B	\$ 920.17
Retiree + 1 dep - 1 w/ Medicare A & B & 1 under 65	\$ 1,081.40

BLUE CROSS HMO (premium includes mental health cost of \$18.57)

Retiree under 65	\$ 522.80
Retiree w/ Medicare A & B	\$ 461.56
Retiree 65 & w/out Medicare	\$ 716.67
Retiree + 1 dep - both under 65	\$ 1,074.52
Retiree + 1 dep - both w/ Medicare	\$ 904.58
Retiree + 1 dep - 1 w/ Medicare & 1 under 65	\$ 1,015.86
Retiree + 1 dep - 1 w/ Medicare & 1 over 65 w/out Medicare	\$ 1,095.49
Retiree + 1 dep - 1 under 65 & 1 over 65 w/out Medicare	\$ 1,220.92
Retiree + 1 dep - both over 65 & w/out Medicare	\$ 1,414.77

VISION SERVICE PLAN \$ 16.20

CUSD SELF-FUNDED DENTAL \$ 185.24

DELTACARE HMO DENTAL \$ 50.62