

Retirees & Survivors Rates
January 1, 2018 through December 31, 2018

Retirees and survivors except for those who are 65 and older and enrolled in the Medicare Complement plan.	Cost Share %	Full Monthly Rate	Monthly Commission Contribution	Monthly Retiree Survivor Contribution	\$\$ Change in Retiree Contribution from 2017	Monthly COBRA Rates
SINGLE COVERAGE						
Caremark Prescription*	80%/20%	\$202.00	\$161.60	\$40.40	\$0.00	\$206.04
Kaiser Permanente HMO	80%/20%	\$528.62	\$422.90	\$105.72	\$4.93	\$539.19
UnitedHealthcare Choice Plus POS	80%/20%	\$510.00	\$408.00	\$102.00	-\$11.20	\$520.20
UnitedHealthcare Select EPO<65	80%/20%	\$442.00	\$353.60	\$88.40	\$0.00	\$450.84
United Concordia Dental	80%/20%	\$40.76	\$32.61	\$8.15	\$0.62	\$41.58
Vision Service Plan - Low	80%/20%	\$3.90	\$3.12	\$0.78	\$0.00	\$3.98
Vision Service Plan - Moderate	See notes	\$6.94	\$3.12	\$3.82	\$0.00	\$7.08
Vision Service Plan - High	See notes	\$10.13	\$3.12	\$7.01	\$0.00	\$10.33
TWO-MEMBER COVERAGE						
Caremark Prescription*	80%/20%	\$404.00	\$323.20	\$80.80	\$0.00	\$412.08
Kaiser Permanente HMO	80%/20%	\$1,057.23	\$845.78	\$211.45	\$9.88	\$1,078.37
UnitedHealthcare Choice Plus POS	80%/20%	\$1,020.00	\$816.00	\$204.00	-\$22.40	\$1,040.40
UnitedHealthcare Select EPO<65	80%/20%	\$884.00	\$707.20	\$176.80	\$0.00	\$901.68
United Concordia Dental	80%/20%	\$81.50	\$65.20	\$16.30	\$1.23	\$83.13
Vision Service Plan - Low	80%/20%	\$7.83	\$6.27	\$1.56	\$0.00	\$7.99
Vision Service Plan - Moderate	See notes	\$13.89	\$6.27	\$7.62	\$0.00	\$14.17
Vision Service Plan - High	See notes	\$20.27	\$6.27	\$14.00	\$0.00	\$20.68
FAMILY COVERAGE						
Caremark Prescription*	80%/20%	\$606.00	\$484.80	\$121.20	\$0.00	\$618.12
Kaiser Permanente HMO	80%/20%	\$1,585.85	\$1,268.68	\$317.17	\$14.81	\$1,617.57
UnitedHealthcare Choice Plus POS	80%/20%	\$1,530.00	\$1,224.00	\$306.00	-\$33.60	\$1,560.60
UnitedHealthcare Select EPO<65	80%/20%	\$1,326.00	\$1,060.80	\$265.20	\$0.00	\$1,352.52
United Concordia Dental	80%/20%	\$122.26	\$97.81	\$24.45	\$1.85	\$124.71
Vision Service Plan - Low	80%/20%	\$11.73	\$9.39	\$2.34	\$0.00	\$11.96
Vision Service Plan - Moderate	See notes	\$20.84	\$9.39	\$11.45	\$0.00	\$21.26
Vision Service Plan - High	See notes	\$30.41	\$9.39	\$21.02	\$0.00	\$31.02

Retirees and Survivors (Premium Rates Continued)

Retirees and spouses/survivors/dependents enrolled in a Medicare Complement Plan and those with split coverage (one or two members enrolled in the Medicare Complement Plan plus one or more dependent non-Medicare Eligible dependent).	Cost Share %	Full Monthly Rate	Monthly Commission Contribution	Monthly Retiree Survivor Contribution	\$\$ Change in Retiree Contribution from 2017	Monthly COBRA Rates
MEDICARE COMPLEMENT AND SPLIT FAMILY COVERAGE						
UnitedHealthcare Choice Plus POS Medicare Complement						
Post65 Retiree and <u>all</u> dependents Medicare Eligible						
Single Coverage	80%/20%	\$260.00	\$208.00	\$52.00	-\$3.60	N/A
Two Member Coverage	80%/20%	\$520.00	\$416.00	\$104.00	-\$7.20	N/A
Family Coverage	80%/20%	\$780.00	\$624.00	\$156.00	-\$10.80	N/A
Split Families in the UHC Medicare Complement Plan and POS Plans						
One in Complement/One in POS	80%/20%	\$770.00	\$616.00	\$154.00	-\$14.80	N/A
One in Complement/Two in POS	80%/20%	\$1,280.00	\$1,280.00	\$256.00	-\$26.00	N/A
Two in Complement/One or more in POS	80%/20%	\$1,030.00	\$824.00	\$206.00	-\$18.40	N/A
UnitedHealthcare Select EPO>65						
Post65 Retiree and <u>all</u> dependents Medicare Eligible						
Single Coverage	80%/20%	\$372.00	\$297.60	\$74.40	-\$14.00	N/A
Two Member Coverage	80%/20%	\$744.00	\$595.20	\$148.80	-\$28.00	N/A
Family Coverage	80%/20%	\$1,116.00	\$892.80	\$223.20	-\$42.00	N/A
Split Families in the UHC EPO>65 and UHC EPO<65						
One in Complement/One in EPO	80%/20%	\$814.00	\$739.60	\$162.80	-\$14.00	N/A
One in Complement/Two in EPO	80%/20%	\$1,256.00	\$1,181.60	\$251.20	-\$14.00	N/A
Two in Complement/One or more in EPO	80%/20%	\$1,186.00	\$1,479.20	\$237.20	-\$28.00	N/A

Retirees and Survivors (Premium Rates Continued)

Retirees and spouses/survivors/dependents enrolled in a Medicare Complement Plan and those with split coverage (one or two members enrolled in the Medicare Complement Plan plus one or more dependent non-Medicare Eligible dependent).	Cost Share %	Full Monthly Rate	Monthly Commission Contribution	Monthly Retiree Survivor Contribution	\$\$ Change in Retiree Contribution from 2017	Monthly COBRA Rates
MEDICARE COMPLEMENT AND SPLIT FAMILY COVERAGE (Continued)						
Kaiser Permanente HMO Medicare Complement **						
Post65 Retiree and <u>all</u> dependents Medicare Eligible						
Single Coverage	80%/20%	\$309.31	\$247.45	\$61.86	\$1.80	N/A
Two Member Coverage	80%/20%	\$618.62	\$494.90	\$123.72	\$3.60	N/A
Family Coverage	80%/20%	\$927.93	\$742.34	\$185.59	\$5.41	N/A
Split Families in the Kaiser Medicare Complement Plan and Kaiser HMO Plans						
One in Complement/One in HMO	80%/20%	\$837.93	\$670.34	\$167.59	\$6.75	N/A
One in Complement/Two or More in HMO	80%/20%	\$1,366.54	\$1,093.23	\$273.31	\$11.68	N/A
Two in Complement/One in HMO	80%/20%	\$1,147.24	\$917.79	\$229.45	\$8.55	N/A
Two in Complement/Two or More in HMO	80%/20%	\$1,675.85	\$1,340.68	\$335.17	\$13.48	N/A
LEGAL PLANS						
Legal Resources	0%/100%	\$17.00	\$0.00	\$17.00	\$0.00	N/A
U. S. Legal Service - Legal Services	0%/100%	\$15.50	\$0.00	\$15.50	\$0.00	N/A

*If you are enrolled in UnitedHealthcare EPO or POS plan, you must enroll in Caremark for prescription drug coverage.

**If you are enrolled in the Kaiser Medicare Complement Plan, Medicare Part D Prescription Drug coverage is included. Enrolling in a Medicare Part D Plan outside of those offered through the Commission will jeopardize continued coverage under the Medicare Complement and Prescription Drug Plans.

Vision: (Commission pays 80% of Low Option for Moderate and High Options. Retiree/Survivor pays balance.)