

Retiree Medical and Dental Plan Monthly Premiums

(Hired On or After July 1, 2008)



Pre-Medicare Rates Effective July 1, 2018 - June 30, 2019

Medicare Rates Effective January 1, 2019 to December 31, 2019

Note: The maximum County contribution toward monthly insurance premiums is \$300/month (pro-rated for Groups 2-6). Retirees electing medical and dental coverage will pay the full cost for the dental coverage.

	Coverage Level	Kaiser HMO Copay Plan	Cigna OAP IN Copay Plan	Cigna OAP IN 10% Coinsurance	Cigna OAP In & Out of Network Coinsurance	Delta Dental	
		Retiree Share	Retiree Share	Retiree Share	Retiree Share	Retiree Share (If waiving medical)	Dental Full Pay Rate
GROUP 1: Chapter 21 20+ yrs svc; Chapter 46 25+ yrs svc Max. Subsidy \$300	Single	\$ 253.22	\$ 449.59	\$ 381.45	\$ 689.42	\$ 7.36	\$ 36.81
	Retiree + Spouse/ Adult Dependent	\$ 864.97	\$ 1,236.67	\$ 1,097.03	\$ 1,728.39	\$ 14.71	\$ 73.56
	Retiree + Child(ren)	\$ 726.33	\$ 1,011.77	\$ 892.60	\$ 1,480.92	\$ 16.02	\$ 80.10
	Family	\$ 1,388.42	\$ 1,948.79	\$ 1,744.36	\$ 2,668.24	\$ 22.44	\$ 112.21
	1 NonMedicare + 1 Medicare	\$ 508.06	\$ 870.59	\$ 802.45	\$ 1,110.42	\$ 14.71	\$ 73.56
GROUP 2: Chapter 46 23-24 years of service Max. Subsidy \$276	Single	\$ 277.22	\$ 473.59	\$ 405.45	\$ 713.42	\$ 9.57	\$ 36.81
	Retiree + Spouse/ Adult Dependent	\$ 888.97	\$ 1,260.67	\$ 1,121.03	\$ 1,752.39	\$ 19.13	\$ 73.56
	Retiree + Child(ren)	\$ 750.33	\$ 1,035.77	\$ 916.60	\$ 1,504.92	\$ 20.83	\$ 80.10
	Family	\$ 1,412.42	\$ 1,972.79	\$ 1,768.36	\$ 2,692.24	\$ 29.17	\$ 112.21
	1 NonMedicare +1 Medicare	\$ 532.06	\$ 894.59	\$ 826.45	\$ 1,134.42	\$ 19.13	\$ 73.56
GROUP 3: Chapter 46 20-22 years of service Max. Subsidy \$240	Single	\$ 313.22	\$ 509.59	\$ 441.45	\$ 749.42	\$ 13.25	\$ 36.81
	Retiree + Spouse/ Adult Dependent	\$ 924.97	\$ 1,296.67	\$ 1,157.03	\$ 1,788.39	\$ 26.48	\$ 73.56
	Retiree + Child(ren)	\$ 786.33	\$ 1,071.77	\$ 952.60	\$ 1,540.92	\$ 28.84	\$ 80.10
	Family	\$ 1,448.42	\$ 2,008.79	\$ 1,804.36	\$ 2,728.24	\$ 40.40	\$ 112.21
	1 NonMedicare +1 Medicare	\$ 568.06	\$ 930.59	\$ 862.45	\$ 1,170.42	\$ 26.48	\$ 73.56
GROUP 4: Ch 21 & 46 15-19 years of service Max. Subsidy \$180	Single	\$ 373.22	\$ 569.59	\$ 501.45	\$ 809.42	\$ 19.14	\$ 36.81
	Retiree + Spouse/ Adult Dependent	\$ 984.97	\$ 1,356.67	\$ 1,217.03	\$ 1,848.39	\$ 38.25	\$ 73.56
	Retiree + Child(ren)	\$ 846.33	\$ 1,131.77	\$ 1,012.60	\$ 1,600.92	\$ 41.65	\$ 80.10
	Family	\$ 1,508.42	\$ 2,068.79	\$ 1,864.36	\$ 2,788.24	\$ 58.35	\$ 112.21
	1 NonMedicare +1 Medicare	\$ 628.06	\$ 990.59	\$ 922.45	\$ 1,230.42	\$ 38.25	\$ 73.56
GROUP 5: Ch 21 & 46 10-14 years of service Max. Subsidy \$120	Single	\$ 433.22	\$ 629.59	\$ 561.45	\$ 869.42	\$ 25.03	\$ 36.81
	Retiree + Spouse/ Adult Dependent	\$ 1,044.97	\$ 1,416.67	\$ 1,277.03	\$ 1,908.39	\$ 50.02	\$ 73.56
	Retiree + Child(ren)	\$ 906.33	\$ 1,191.77	\$ 1,072.60	\$ 1,660.92	\$ 54.47	\$ 80.10
	Family	\$ 1,568.42	\$ 2,128.79	\$ 1,924.36	\$ 2,848.24	\$ 76.30	\$ 112.21
	1 NonMedicare +1 Medicare	\$ 688.06	\$ 1,050.59	\$ 982.45	\$ 1,290.42	\$ 50.02	\$ 73.56
GROUP 6: Ch 21 & 46 0-9 years of service Max. Subsidy \$60	Single	\$ 493.22	\$ 689.59	\$ 621.45	\$ 929.42	\$ 30.92	\$ 36.81
	Retiree + Spouse/ Adult Dependent	\$ 1,104.97	\$ 1,476.67	\$ 1,337.03	\$ 1,968.39	\$ 61.79	\$ 73.56
	Retiree + Child(ren)	\$ 966.33	\$ 1,251.77	\$ 1,132.60	\$ 1,720.92	\$ 67.28	\$ 80.10
	Family	\$ 1,628.42	\$ 2,188.79	\$ 1,984.36	\$ 2,908.24	\$ 94.26	\$ 112.21
	1 NonMedicare +1 Medicare	\$ 748.06	\$ 1,110.59	\$ 1,042.45	\$ 1,350.42	\$ 61.79	\$ 73.56

PLEASE TURN OVER FOR THE MEDICARE RATES

Retiree Medical and Dental Plan Monthly Premiums

(Hired On or After July 1, 2008)

Pre-Medicare Rates Effective July 1, 2018 - June 30, 2019

Medicare Rates Effective January 1, 2019 to December 31, 2019



Note: The maximum County contribution toward monthly insurance premiums is \$300/month (pro-rated for Groups 2-6). Retirees electing medical and dental coverage will pay the full cost for the dental coverage.

MEDICARE PLANS & RATES January 1, 2019 to December 31, 2019					
		Kaiser Medicare	AmWINS	Delta Dental	
	Coverage Level	Retiree Share	Retiree Share	Retiree Share (if waiving medical)	Dental Full Pay Rate
GROUP 1: Chapter 21 20+ yrs svc; Chapter 46 25+ yrs svc Max. Subsidy \$300	1 on Medicare	\$ 25.48	\$ 121.00	\$ 7.36	\$ 36.81
	2 on Medicare	\$ 209.68	\$ 542.00	\$ 14.71	\$ 73.56
GROUP 2: Chapter 46 23-24 years of service Max. Subsidy \$276	1 on Medicare	\$ 43.83	\$ 145.00	\$ 9.57	\$ 36.81
	2 on Medicare	\$ 233.68	\$ 566.00	\$ 19.13	\$ 73.56
GROUP 3: Chapter 46 20-22 years of service Max. Subsidy \$240	1 on Medicare	\$ 71.36	\$ 181.00	\$ 13.25	\$ 36.81
	2 on Medicare	\$ 269.68	\$ 602.00	\$ 26.48	\$ 73.56
GROUP 4: Ch 21 & 46 15-19 years of service Max. Subsidy \$180	1 on Medicare	\$ 117.23	\$ 241.00	\$ 19.14	\$ 36.81
	2 on Medicare	\$ 329.68	\$ 662.00	\$ 38.25	\$ 73.56
GROUP 5: Ch 21 & 46 10-14 years of service Max. Subsidy \$120	1 on Medicare	\$ 163.10	\$ 301.00	\$ 25.03	\$ 36.81
	2 on Medicare	\$ 389.68	\$ 722.00	\$ 50.02	\$ 73.56
GROUP 6: Ch 21 & 46 0-9 years of service Max. Subsidy \$60	1 on Medicare	\$ 208.97	\$ 361.00	\$ 30.92	\$ 36.81
	2 on Medicare	\$ 449.68	\$ 782.00	\$ 61.79	\$ 73.56

For the 1 NonMedicare plus 1 Medicare coverage level, please turn over for the rate.

"How to Find the Correct Rate for Your Coverage"

Which "Group" to use:

If you retired on Service Connected Disability, use the top tier of rates entitled "Group 1"

Definitions of Coverage Levels

- "Single" = One person, the Retiree or Surviving Annuitant
- "Retiree + Spouse/ Adult Dependent" = Retiree (or Surviving Annuitant) plus either a spouse or an Adult Dependent
- "Retiree + Child(ren)" = Retiree (or Surviving Annuitant) plus one or more children. This is a new level of coverage effective 7/1/08.
- "Family" = Retiree (or Surviving Annuitant) plus a Spouse/Adult Dependent plus any number of children.
- "1 on Medicare" = 1 person enrolled & that person has Medicare B
- "2 on Medicare" = 2 people enrolled & both have Medicare B
- "1 NonMedicare + 1 Medicare" = 2 people enrolled, one with Medicare B, one without