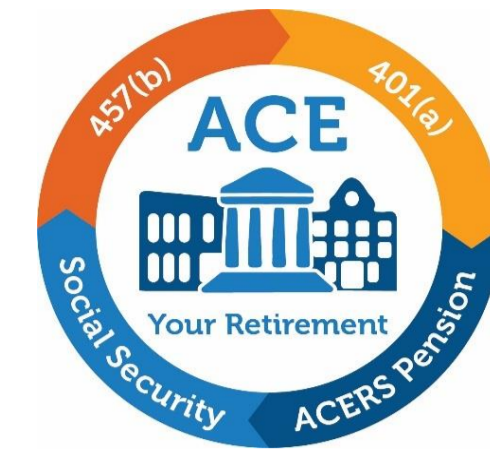


Retiree Medical and Dental Plan Monthly Premiums

(Hired Before July 1, 2008 and Retired On or After January 15, 2012)



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

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

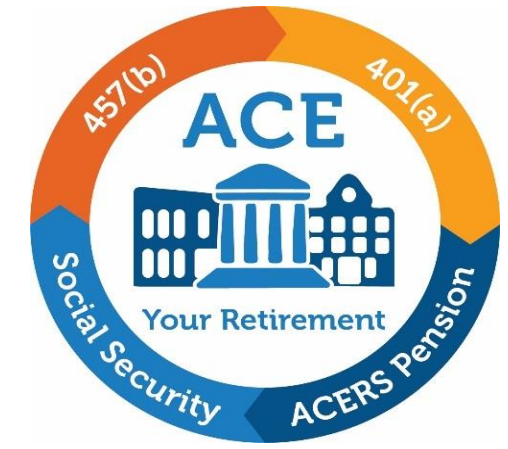
Note: The maximum County contribution toward monthly insurance premiums is \$600/month (pro-rated for Groups 2-6). If the County Share of your medical plan reaches the maximum subsidy for your Group, you are responsible for the balance of the medical premium and the "full pay" dental premium.

	Coverage Level	Kaiser HMO Copay Plan		Cigna OAP IN Copay Plan	Cigna OAP IN 10% Coinsurance	Cigna OAP In & Out of Network Coinsurance	All Cigna Plans	Delta Dental		
		Retiree Share	County Share	Retiree Share	Retiree Share	Retiree Share	County Share	Retiree Share (if not at Max. Subsidy)	County Share	Dental Full Pay Rate
GROUP 1: Chapter 21 20+ yrs svc; Chapter 46 25+ yrs svc Max. Subsidy \$600	Single	\$ 31.55	\$ 521.67	\$ 177.17	\$ 109.03	\$ 417.00	\$ 572.42	\$ 7.36	\$ 29.45	\$ 36.81
	Retiree + Spouse/ Adult Dependent	\$ 564.97	\$ 600.00	\$ 936.67	\$ 797.03	\$ 1,428.39	\$ 600.00	\$ 14.71	\$ 58.85	\$ 73.56
	Retiree + Child(ren)	\$ 426.33	\$ 600.00	\$ 711.77	\$ 592.60	\$ 1,180.92	\$ 600.00	\$ 16.02	\$ 64.08	\$ 80.10
	Family	\$ 1,088.42	\$ 600.00	\$ 1,648.79	\$ 1,444.36	\$ 2,368.24	\$ 600.00	\$ 22.44	\$ 89.77	\$ 112.21
	1 NonMedicare + 1 Medicare	\$ 208.06	\$ 600.00	\$ 570.59	\$ 502.45	\$ 810.42	\$ 600.00	\$ 14.71	\$ 58.85	\$ 73.56
GROUP 2: Chapter 46 23-24 years of service Max. Subsidy \$552	Single	\$ 70.72	\$ 482.50	\$ 220.11	\$ 151.97	\$ 459.94	\$ 529.48	\$ 9.57	\$ 27.24	\$ 36.81
	Retiree + Spouse/ Adult Dependent	\$ 612.97	\$ 552.00	\$ 984.67	\$ 845.03	\$ 1,476.39	\$ 552.00	\$ 19.13	\$ 54.43	\$ 73.56
	Retiree + Child(ren)	\$ 474.33	\$ 552.00	\$ 759.77	\$ 640.60	\$ 1,228.92	\$ 552.00	\$ 20.83	\$ 59.27	\$ 80.10
	Family	\$ 1,136.42	\$ 552.00	\$ 1,696.79	\$ 1,492.36	\$ 2,416.24	\$ 552.00	\$ 29.17	\$ 83.04	\$ 112.21
	1 NonMedicare + 1 Medicare	\$ 256.06	\$ 552.00	\$ 618.59	\$ 550.45	\$ 858.42	\$ 552.00	\$ 19.13	\$ 54.43	\$ 73.56
GROUP 3: Chapter 46 20-22 years of service Max. Subsidy \$480	Single	\$ 135.90	\$ 417.32	\$ 291.66	\$ 223.52	\$ 531.49	\$ 457.93	\$ 13.25	\$ 23.56	\$ 36.81
	Retiree + Spouse/ Adult Dependent	\$ 684.97	\$ 480.00	\$ 1,056.67	\$ 917.03	\$ 1,548.39	\$ 480.00	\$ 26.48	\$ 47.08	\$ 73.56
	Retiree + Child(ren)	\$ 546.33	\$ 480.00	\$ 831.77	\$ 712.60	\$ 1,300.92	\$ 480.00	\$ 28.84	\$ 51.26	\$ 80.10
	Family	\$ 1,208.42	\$ 480.00	\$ 1,768.79	\$ 1,564.36	\$ 2,488.24	\$ 480.00	\$ 40.40	\$ 71.81	\$ 112.21
	1 NonMedicare + 1 Medicare	\$ 328.06	\$ 480.00	\$ 690.59	\$ 622.45	\$ 930.42	\$ 480.00	\$ 26.48	\$ 47.08	\$ 73.56
GROUP 4: Ch 21 & 46 15-19 years of service Max. Subsidy \$360	Single	\$ 240.26	\$ 312.96	\$ 406.14	\$ 338.00	\$ 645.97	\$ 343.45	\$ 19.14	\$ 17.67	\$ 36.81
	Retiree + Spouse/ Adult Dependent	\$ 804.97	\$ 360.00	\$ 1,176.67	\$ 1,037.03	\$ 1,668.39	\$ 360.00	\$ 38.25	\$ 35.31	\$ 73.56
	Retiree + Child(ren)	\$ 666.33	\$ 360.00	\$ 951.77	\$ 832.60	\$ 1,420.92	\$ 360.00	\$ 41.65	\$ 38.45	\$ 80.10
	Family	\$ 1,328.42	\$ 360.00	\$ 1,888.79	\$ 1,684.36	\$ 2,608.24	\$ 360.00	\$ 58.35	\$ 53.86	\$ 112.21
	1 NonMedicare + 1 Medicare	\$ 448.06	\$ 360.00	\$ 810.59	\$ 742.45	\$ 1,050.42	\$ 360.00	\$ 38.25	\$ 35.31	\$ 73.56
GROUP 5: Ch 21 & 46 10-14 years of service Max. Subsidy \$240	Single	\$ 344.61	\$ 208.61	\$ 520.62	\$ 452.48	\$ 760.45	\$ 228.97	\$ 25.03	\$ 11.78	\$ 36.81
	Retiree + Spouse/ Adult Dependent	\$ 924.97	\$ 240.00	\$ 1,296.67	\$ 1,157.03	\$ 1,788.39	\$ 240.00	\$ 50.02	\$ 23.54	\$ 73.56
	Retiree + Child(ren)	\$ 786.33	\$ 240.00	\$ 1,071.77	\$ 952.60	\$ 1,540.92	\$ 240.00	\$ 54.47	\$ 25.63	\$ 80.10
	Family	\$ 1,448.42	\$ 240.00	\$ 2,008.79	\$ 1,804.36	\$ 2,728.24	\$ 240.00	\$ 76.30	\$ 35.91	\$ 112.21
	1 NonMedicare + 1 Medicare	\$ 568.06	\$ 240.00	\$ 930.59	\$ 862.45	\$ 1,170.42	\$ 240.00	\$ 50.02	\$ 23.54	\$ 73.56
GROUP 6: Ch 21 & 46 0-9 years of service Max. Subsidy \$120	Single	\$ 448.97	\$ 104.25	\$ 635.11	\$ 566.97	\$ 874.94	\$ 114.48	\$ 30.92	\$ 5.89	\$ 36.81
	Retiree + Spouse/ Adult Dependent	\$ 1,044.97	\$ 120.00	\$ 1,416.67	\$ 1,277.03	\$ 1,908.39	\$ 120.00	\$ 61.79	\$ 11.77	\$ 73.56
	Retiree + Child(ren)	\$ 906.33	\$ 120.00	\$ 1,191.77	\$ 1,072.60	\$ 1,660.92	\$ 120.00	\$ 67.28	\$ 12.82	\$ 80.10
	Family	\$ 1,568.42	\$ 120.00	\$ 2,128.79	\$ 1,924.36	\$ 2,848.24	\$ 120.00	\$ 94.26	\$ 17.95	\$ 112.21
	1 NonMedicare + 1 Medicare	\$ 688.06	\$ 120.00	\$ 1,050.59	\$ 982.45	\$ 1,290.42	\$ 120.00	\$ 61.79	\$ 11.77	\$ 73.56

PLEASE TURN OVER FOR THE MEDICARE RATES

Retiree Medical and Dental Plan Monthly Premiums

(Hired Before July 1, 2008 and Retired On or After January 15, 2012)



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 \$600/month (pro-rated for Groups 2-6). If the County Share of your medical plan reaches the maximum subsidy for your balance of the medical premium and the "full pay" dental premium.

MEDICARE PLANS & RATES January 1, 2019 to December 31, 2019								
	Coverage Level	Kaiser Medicare		AmWINS Supplement		Delta Dental		
		Retiree Share	County Share	Retiree Share	County Share	Retiree Share (Not at Max. Subsidy)	County Share	Dental Full Pay Rate
GROUP 1: Chapter 21 20+ yrs svc; Chapter 46 25+ yrs svc Max. Subsidy \$600	1 on Medicare	\$ 25.48	\$ 229.36	\$ 42.10	\$ 378.90	\$ 7.36	\$ 29.45	\$ 36.81
	2 on Medicare	\$ 50.97	\$ 458.71	\$ 242.00	\$ 600.00	\$ 14.71	\$ 58.85	\$ 73.56
GROUP 2: Chapter 46 23-24 yrs. svc. Max. Subsidy \$552	1 on Medicare	\$ 43.83	\$ 211.01	\$ 72.41	\$ 348.59	\$ 9.57	\$ 27.24	\$ 36.81
	2 on Medicare	\$ 87.66	\$ 422.02	\$ 290.00	\$ 552.00	\$ 19.13	\$ 54.43	\$ 73.56
GROUP 3: Chapter 46 20-22 yrs. svc. Max. Subsidy \$480	1 on Medicare	\$ 71.36	\$ 183.48	\$ 117.88	\$ 303.12	\$ 13.25	\$ 23.56	\$ 36.81
	2 on Medicare	\$ 142.71	\$ 366.97	\$ 362.00	\$ 480.00	\$ 26.48	\$ 47.08	\$ 73.56
GROUP 4: Ch 21 & 46 15-19 yrs. svc. Max. Subsidy \$360	1 on Medicare	\$ 117.23	\$ 137.61	\$ 193.66	\$ 227.34	\$ 19.14	\$ 17.67	\$ 36.81
	2 on Medicare	\$ 234.45	\$ 275.23	\$ 482.00	\$ 360.00	\$ 38.25	\$ 35.31	\$ 73.56
GROUP 5: Ch 21 & 46 10-14 yrs. svc. Max. Subsidy \$240	1 on Medicare	\$ 163.10	\$ 91.74	\$ 269.44	\$ 151.56	\$ 25.03	\$ 11.78	\$ 36.81
	2 on Medicare	\$ 326.20	\$ 183.48	\$ 602.00	\$ 240.00	\$ 50.02	\$ 23.54	\$ 73.56
GROUP 6: Ch 21 & 46 0-9 years of service Max. Subsidy \$120	1 on Medicare	\$ 208.97	\$ 45.87	\$ 345.22	\$ 75.78	\$ 30.92	\$ 5.89	\$ 36.81
	2 on Medicare	\$ 417.94	\$ 91.74	\$ 722.00	\$ 120.00	\$ 61.79	\$ 11.77	\$ 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:

1. If you retired on Service Connected Disability, use the top tier of rates entitled "Group 1"
2. If you retired PRIOR to July 1, 1991, use the top tier of rates entitled "Group 1", regardless of your years of service.
3. If you retired ON/AFTER July 1, 1991 AND had 20 or more years of service, use Group 1, 2, or 3 rates based on your retirement chapter and years of service.
4. If you retired ON/AFTER July 1, 1994 with less than 20 years of service, use the Group 4, 5, or 6 rates based on your years of service.
5. If you retired BETWEEN July 1, 1991 and June 30, 1994 with less than 20 years of service, you have a different rate chart, please call Human Resources at 703-228-3500, Option 1.

Definitions of Coverage Levels

1. "Single" = One person, the Retiree or Surviving Annuitant
2. "Retiree + Spouse/ Adult Dependent" = Retiree (or Surviving Annuitant) plus either a spouse or an Adult Dependent
3. "Retiree + Child(ren)" = Retiree (or Surviving Annuitant) plus one or more children. This is a new level of coverage effective 7/1/08.
4. "Family" = Retiree (or Surviving Annuitant) plus a Spouse/Adult Dependent plus any number of children.
5. "1 on Medicare" = 1 person enrolled & that person has Medicare B
6. "2 on Medicare" = 2 people enrolled & both have Medicare B
7. "1 NonMedicare + 1 Medicare" = 2 people enrolled, one with Medicare B, one without