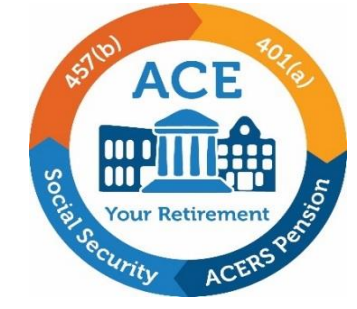


# Retiree Medical and Dental Plan Monthly Premiums: Retired Prior to January 15, 2012



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 \$960/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 (Not at Max. Subsidy) | County Share | Dental Full Pay Rate |
| <b>GROUP 1:</b><br>Chapter 21<br>20+ yrs svc;<br>Chapter 46<br>25+ yrs svc<br><br>Max. Subsidy \$960 | Single                            | \$ 31.55              | \$ 521.67    | \$ 177.17               | \$ 109.03                    | \$ 417.00                                 | \$ 572.42       | \$ 7.36                             | \$ 29.45     | \$ 36.81             |
|  | Retiree + Spouse/ Adult Dependent | \$ 204.97             | \$ 960.00    | \$ 576.67               | \$ 437.03                    | \$ 1,068.39                               | \$ 960.00       | \$ 14.71                            | \$ 58.85     | \$ 73.56             |
|  | Retiree + Child(ren)              | \$ 136.04             | \$ 890.29    | \$ 351.77               | \$ 232.60                    | \$ 820.92                                 | \$ 960.00       | \$ 16.02                            | \$ 64.08     | \$ 80.10             |
|  | Family                            | \$ 728.42             | \$ 960.00    | \$ 1,288.79             | \$ 1,084.36                  | \$ 2,008.24                               | \$ 960.00       | \$ 22.44                            | \$ 89.77     | \$ 112.21            |
|  | 1 NonMedicare + 1 Medicare        | \$ 57.04              | \$ 751.02    | \$ 219.27               | \$ 151.13                    | \$ 459.10                                 | \$ 951.32       | \$ 14.71                            | \$ 58.85     | \$ 73.56             |
| <b>GROUP 2:</b><br>Chapter 46<br>23-24 yrs. svc.<br><br>Max. Subsidy \$883                           | Single                            | \$ 70.72              | \$ 482.50    | \$ 220.11               | \$ 151.97                    | \$ 459.94                                 | \$ 529.48       | \$ 9.57                             | \$ 27.24     | \$ 36.81             |
|  | Retiree + Spouse/ Adult Dependent | \$ 281.97             | \$ 883.00    | \$ 653.67               | \$ 514.03                    | \$ 1,145.39                               | \$ 883.00       | \$ 19.13                            | \$ 54.43     | \$ 73.56             |
|  | Retiree + Child(ren)              | \$ 204.53             | \$ 821.80    | \$ 428.77               | \$ 309.60                    | \$ 897.92                                 | \$ 883.00       | \$ 20.83                            | \$ 59.27     | \$ 80.10             |
|  | Family                            | \$ 805.42             | \$ 883.00    | \$ 1,365.79             | \$ 1,161.36                  | \$ 2,085.24                               | \$ 883.00       | \$ 29.17                            | \$ 83.04     | \$ 112.21            |
|  | 1 NonMedicare + 1 Medicare        | \$ 114.55             | \$ 693.51    | \$ 292.52               | \$ 224.38                    | \$ 532.35                                 | \$ 878.07       | \$ 19.13                            | \$ 54.43     | \$ 73.56             |
| <b>GROUP 3:</b><br>Chapter 46<br>20-22 years of service<br><br>Max. Subsidy \$768                    | Single                            | \$ 135.90             | \$ 417.32    | \$ 291.66               | \$ 223.52                    | \$ 531.49                                 | \$ 457.93       | \$ 13.25                            | \$ 23.56     | \$ 36.81             |
|  | Retiree + Spouse/ Adult Dependent | \$ 396.97             | \$ 768.00    | \$ 768.67               | \$ 629.03                    | \$ 1,260.39                               | \$ 768.00       | \$ 26.48                            | \$ 47.08     | \$ 73.56             |
|  | Retiree + Child(ren)              | \$ 318.67             | \$ 707.66    | \$ 543.77               | \$ 424.60                    | \$ 1,012.92                               | \$ 768.00       | \$ 28.84                            | \$ 51.26     | \$ 80.10             |
|  | Family                            | \$ 920.42             | \$ 768.00    | \$ 1,480.79             | \$ 1,276.36                  | \$ 2,200.24                               | \$ 768.00       | \$ 40.40                            | \$ 71.81     | \$ 112.21            |
|  | 1 NonMedicare + 1 Medicare        | \$ 207.26             | \$ 600.80    | \$ 409.54               | \$ 341.40                    | \$ 649.37                                 | \$ 761.05       | \$ 26.48                            | \$ 47.08     | \$ 73.56             |
| <b>GROUP 4:</b><br>Ch 21 & 46<br>15-19 years of service<br><br>Max. Subsidy \$576                    | Single                            | \$ 240.26             | \$ 312.96    | \$ 406.14               | \$ 338.00                    | \$ 645.97                                 | \$ 343.45       | \$ 19.14                            | \$ 17.67     | \$ 36.81             |
|  | Retiree + Spouse/ Adult Dependent | \$ 588.97             | \$ 576.00    | \$ 960.67               | \$ 821.03                    | \$ 1,452.39                               | \$ 576.00       | \$ 38.25                            | \$ 35.31     | \$ 73.56             |
|  | Retiree + Child(ren)              | \$ 490.03             | \$ 536.30    | \$ 735.77               | \$ 616.60                    | \$ 1,204.92                               | \$ 576.00       | \$ 41.65                            | \$ 38.45     | \$ 80.10             |
|  | Family                            | \$ 1,112.42           | \$ 576.00    | \$ 1,672.79             | \$ 1,468.36                  | \$ 2,392.24                               | \$ 576.00       | \$ 58.35                            | \$ 53.86     | \$ 112.21            |
|  | 1 NonMedicare + 1 Medicare        | \$ 357.49             | \$ 450.57    | \$ 599.80               | \$ 531.66                    | \$ 839.63                                 | \$ 570.79       | \$ 38.25                            | \$ 35.31     | \$ 73.56             |
| <b>GROUP 5:</b><br>Ch 21 & 46<br>10-14 years of service<br><br>Max. Subsidy \$384                    | Single                            | \$ 344.61             | \$ 208.61    | \$ 520.62               | \$ 452.48                    | \$ 760.45                                 | \$ 228.97       | \$ 25.03                            | \$ 11.78     | \$ 36.81             |
|  | Retiree + Spouse/ Adult Dependent | \$ 780.97             | \$ 384.00    | \$ 1,152.67             | \$ 1,013.03                  | \$ 1,644.39                               | \$ 384.00       | \$ 50.02                            | \$ 23.54     | \$ 73.56             |
|  | Retiree + Child(ren)              | \$ 672.51             | \$ 353.82    | \$ 927.77               | \$ 808.60                    | \$ 1,396.92                               | \$ 384.00       | \$ 54.47                            | \$ 25.63     | \$ 80.10             |
|  | Family                            | \$ 1,304.42           | \$ 384.00    | \$ 1,864.79             | \$ 1,660.36                  | \$ 2,584.24                               | \$ 384.00       | \$ 76.30                            | \$ 35.91     | \$ 112.21            |
|  | 1 NonMedicare + 1 Medicare        | \$ 507.71             | \$ 300.35    | \$ 790.06               | \$ 721.92                    | \$ 1,029.89                               | \$ 380.53       | \$ 50.02                            | \$ 23.54     | \$ 73.56             |
| <b>GROUP 6:</b><br>Ch 21 & 46<br>0-9 years of service<br><br>Max. Subsidy \$192                      | Single                            | \$ 448.97             | \$ 104.25    | \$ 635.11               | \$ 566.97                    | \$ 874.94                                 | \$ 114.48       | \$ 30.92                            | \$ 5.89      | \$ 36.81             |
|  | Retiree + Spouse/ Adult Dependent | \$ 972.97             | \$ 192.00    | \$ 1,344.67             | \$ 1,205.03                  | \$ 1,836.39                               | \$ 192.00       | \$ 61.79                            | \$ 11.77     | \$ 73.56             |
|  | Retiree + Child(ren)              | \$ 843.71             | \$ 182.62    | \$ 1,119.77             | \$ 1,000.60                  | \$ 1,588.92                               | \$ 192.00       | \$ 67.28                            | \$ 12.82     | \$ 80.10             |
|  | Family                            | \$ 1,496.42           | \$ 192.00    | \$ 2,056.79             | \$ 1,852.36                  | \$ 2,776.24                               | \$ 192.00       | \$ 94.26                            | \$ 17.95     | \$ 112.21            |
|  | 1 NonMedicare + 1 Medicare        | \$ 657.94             | \$ 150.12    | \$ 980.33               | \$ 912.19                    | \$ 1,220.16                               | \$ 190.26       | \$ 61.79                            | \$ 11.77     | \$ 73.56             |

PLEASE TURN OVER FOR THE MEDICARE PLAN RATES

# Retiree Medical and Dental Plan Monthly Premiums: Retired Prior to 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 \$960/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.

| MEDICARE PLANS & RATES<br>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<br>(if not at Max. Subsidy) | County Share |          |
| GROUP 1:<br>Chapter 21<br>20+ yrs svc;<br>Chapter 46<br>25+ yrs svc<br>Max. Subsidy \$960 | 1 on Medicare   | \$ 25.48     | \$ 229.36         | \$ 42.10     | \$ 378.90                                 | \$ 7.36      | \$ 29.45 |
|   | 2 on Medicare   | \$ 50.97     | \$ 458.71         | \$ 84.20     | \$ 757.80                                 | \$ 14.71     | \$ 58.85 |
| GROUP 2:<br>Chapter 46<br>23-24 yrs. svc.<br>Max. Subsidy \$883                           | 1 on Medicare   | \$ 43.83     | \$ 211.01         | \$ 72.41     | \$ 348.59                                 | \$ 9.57      | \$ 27.24 |
|   | 2 on Medicare   | \$ 87.66     | \$ 422.02         | \$ 144.82    | \$ 697.18                                 | \$ 19.13     | \$ 54.43 |
| GROUP 3:<br>Chapter 46<br>20-22 yrs. svc.<br>Max. Subsidy \$768                           | 1 on Medicare   | \$ 71.36     | \$ 183.48         | \$ 117.88    | \$ 303.12                                 | \$ 13.25     | \$ 23.56 |
|   | 2 on Medicare   | \$ 142.71    | \$ 366.97         | \$ 235.76    | \$ 606.24                                 | \$ 26.48     | \$ 47.08 |
| GROUP 4:<br>Ch 21 & 46<br>15-19 yrs. svc.<br>Max. Subsidy \$576                           | 1 on Medicare   | \$ 117.23    | \$ 137.61         | \$ 193.66    | \$ 227.34                                 | \$ 19.14     | \$ 17.67 |
|   | 2 on Medicare   | \$ 234.45    | \$ 275.23         | \$ 387.32    | \$ 454.68                                 | \$ 38.25     | \$ 35.31 |
| GROUP 5:<br>Ch 21 & 46<br>10-14 yrs. svc.<br>Max. Subsidy \$384                           | 1 on Medicare   | \$ 163.10    | \$ 91.74          | \$ 269.44    | \$ 151.56                                 | \$ 25.03     | \$ 11.78 |
|   | 2 on Medicare   | \$ 326.20    | \$ 183.48         | \$ 538.88    | \$ 303.12                                 | \$ 50.02     | \$ 23.54 |
| GROUP 6:<br>Ch 21 & 46<br>0-9 yrs. svc.<br>Max. Subsidy \$192                             | 1 on Medicare   | \$ 208.97    | \$ 45.87          | \$ 345.22    | \$ 75.78                                  | \$ 30.92     | \$ 5.89  |
|   | 2 on Medicare   | \$ 417.94    | \$ 91.74          | \$ 690.44    | \$ 151.56                                 | \$ 61.79     | \$ 11.77 |

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