

## 2017 Retiree Insured Health Plan RateTable

RETIREEES NOT ENROLLED IN MEDICARE			
RETIREE ENROLLMENT STATUS	HEALTH MAINTENANCE PLANS (HMO)		
	Kaiser Health Plan	Blue Cross Traditional HMO Plan	Blue Cross Select HMO Plan
Retiree Only	\$1,074.66	\$1,608.23	\$1,094.47
Retiree W/1 Dependent	\$2,149.32	\$3,216.51	\$2,189.00
Retiree W/2 or More Dependents	\$3,116.42	\$4,663.89	\$3,174.05

**NOTE:**  
 -- Eligible Retirees and/or enrolled dependent age 65 or older must enroll in Medicare Part B. Eligible Retiree entitled to Medicare Part A without a premium must enroll in Medicare Part A. Evidence of Medicare coverage is required. For eligible retirees, the Retiree Medical Grant for 2017 is \$22.09 per month for each year of County Service to a maximum of 25 years. Grant is subject to change based upon retirement date and grant eligibility.

### 2017 Retiree Insured Health Plan RateTable

RETIREE ENROLLED IN MEDICARE							
RETIREE ENROLLMENT STATUS	HEALTH MAINTENANCE PLANS (HMO)		MEDICARE ADVANTAGE PLANS				
	Blue Cross Traditional HMO Plan	Blue Cross Select HMO Plan	HEALTH MAINTENANCE PLANS (HMO)			Preferred Provider Organization (PPO)	
			Kaiser Sr Advantage Plan	Scan HMO Plan	Blue Cross Sr Secure HMO Plan	Blue Cross Preferred Custom PPO Plan	Blue Cross Preferred Standard PPO Plan
<b>RETIREE ONLY</b>							
Retiree Only - Part B Only	\$1,410.61	\$960.00	\$510.08	NA	NA	NA	NA
Retiree Only - Part A & B	NA	NA	\$233.98	\$277.52	\$374.99	\$562.06	\$367.31
<b>RETIREE W/1 DEPENDENT</b>							
Two W/ Medicare Part B Only	\$2,821.20	\$1,920.04	\$1,020.16	NA	NA	NA	NA
Two W/ Medicare Part A & B	NA	NA	\$467.96	\$555.04	\$749.98	\$1,124.12	\$734.62
<b>NOTE:</b>							
-- Eligible Retirees and/or enrolled dependent age 65 or older must enroll in Medicare Part B. Eligible Retiree entitled to Medicare Part A without a premium must enroll in Medicare Part A. Evidence of Medicare coverage is required. For eligible retirees, the Retiree Medical Grant for 2017 is \$22.09 per month for each year of County Service to a maximum of 25 years. Grant is subject to change based upon retirement date and grant eligibility.							

### 2017 Retiree Insured Health Plan RateTable

RETIREEES WITH DEPENDENT(S) - MIXED MEDICARE AND NON-MEDICARE ENROLLMENT						
RETIREE ENROLLMENT STATUS	Non-Medicare & Medicare HMO					Medicare PPO
	Blue Cross Select HMO & Sr Secure HMO Plan	Blue Cross Traditional HMO & Sr Secure HMO Plan	Blue Cross Traditional HMO Plan	Blue Cross Select HMO Plan	Kaiser HMO & Senior Advantage Plan	Blue Cross Traditional HMO & Preferred Custom PPO Plan
<b>RETIREE W/1 DEPENDENT</b>						
One W/ Medicare Part B Only	NA	NA	\$3,018.84	\$2,054.47	\$1,584.74	NA
One W/ Medicare Part A & B	\$1,469.46	\$1,983.22	NA	NA	\$1,308.64	\$2,170.29
<b>RETIREE W/2 OR MORE DEPENDENTS</b>						
One W/ Medicare Part B Only	NA	NA	\$3,018.84	\$2,054.47	\$2,551.84	NA
One W/ Medicare Part A & B	\$1,820.83	\$2,677.27	NA	NA	\$2,275.74	\$2,864.34
Two W/ Medicare Part B Only	NA	NA	\$4,090.80	\$2,784.03	\$1,987.26	NA
Two W/ Medicare Part A & B	\$1,844.45	\$2,358.21	NA	NA	\$1,435.06	\$2,732.35
<b>NOTE:</b>						
-- Eligible Retirees and/or enrolled dependent age 65 or older must enroll in Medicare Part B. Eligible Retiree entitled to Medicare Part A without a premium must enroll in Medicare Part A. Evidence of Medicare coverage is required. For eligible retirees, the Retiree Medical Grant for 2017 is \$22.09 per month for each year of County Service to a maximum of 25 years. Grant is subject to change based upon retirement date and grant eligibility.						