

Attachment A – 2017 Retiree PPO Health Plan Rate Tables

2017 Retiree PPO Health Plan Rate Table

RETIRES NOT ENROLLED IN MEDICARE		
RETIREE ENROLLMENT STATUS	PPO PLANS	
	Wellwise Retiree Plan	Sharewell Retiree Plan
Retiree Only	\$2,085.92	\$711.87
Retiree W/1 Dependent	\$3,858.89	\$1,245.75
Retiree W/2 or More Dependents	\$4,797.61	\$1,637.28

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.

Attachment A – 2017 Retiree PPO Health Plan Rate Tables

2017 Retiree PPO Health Plan Rate Table

RETIREES ENROLLED IN MEDICARE		
RETIREE ENROLLMENT STATUS	PPO PLANS	
	Wellwise Retiree Plan	Sharewell Retiree Plan
RETIREE ONLY		
Retiree Only - Part B Only	\$899.79	\$629.53
Retiree Only - Part A & B	\$546.55	\$404.71
RETIREE W/1 DEPENDENT		
Two W/ Medicare Part B Only	\$1,592.63	\$893.93
Two W/ Medicare Part A & B	\$994.72	\$538.26
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.		

Attachment A – 2017 Retiree PPO Health Plan Rate Tables

2017 Retiree PPO Health Plan Rate Table

RETIRES WITH DEPENDENT(S) - MIXED MEDICARE AND NON-MEDICARE ENROLLMENT		
RETIREE ENROLLMENT STATUS	PPO PLANS	
	Wellwise Retiree Plan	Sharewell Retiree Plan
RETIREE W/1 DEPENDENT		
One W/ Medicare Part B Only	\$2,672.76	\$1,006.05
One W/ Medicare Part A & B	\$2,319.52	\$848.60
RETIREE W/2 OR MORE DEPENDENTS		
One W/ Medicare Part B Only	\$3,611.48	\$1,369.86
One W/ Medicare Part A & B	\$3,258.24	\$1,154.29
Two W/ Medicare Part B Only	\$2,531.35	\$1,213.81
Two W/ Medicare Part A & B	\$1,933.44	\$871.06
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.		