

## RETIREE HEALTH BENEFIT RATE SHEET 2018-2019 (effective 7/1/18)

MEDICAL - EARLY RETIREES UNDER 65 WITHOUT MEDICARE							
<b>SUTTER HEALTH PLUS</b> (see map for coverage areas)	RETIREE ONLY	RETIREE + SPOUSE UNDER 65	RETIREE + SPOUSE UNDER 65 + CHILDREN	RETIREE + CHILDREN	RETIREE + SPOUSE UNDER 65 WITH MEDICARE	RETIREE + SPOUSE OVER 65 WITH MEDICARE	RETIREE + SPOUSE OVER 65 WITHOUT MEDICARE
	R01	R02	R03	R04	R05	R06	R07
HMO (Office \$20 / Rx \$10/\$30/\$60)	\$ 874.96	\$ 1,749.98	\$ 2,056.35	\$ 1,330.04	N/A	N/A	N/A
High Deductible Mid HMO (\$1,500 single/\$3,000 family)	\$ 624.43	\$ 1,245.66	\$ 1,463.16	\$ 947.52	N/A	N/A	N/A
High Deductible HMO (\$2,500 single/\$5,000 family)	\$ 553.83	\$ 1,104.44	\$ 1,297.22	\$ 840.19	N/A	N/A	N/A

<b>WESTERN HEALTH ADVANTAGE</b> (see map for coverage areas)	RETIREE ONLY	RETIREE + SPOUSE UNDER 65	RETIREE + SPOUSE UNDER 65 + CHILDREN	RETIREE + CHILDREN	RETIREE + SPOUSE UNDER 65 WITH MEDICARE	RETIREE + SPOUSE OVER 65 WITH MEDICARE	RETIREE + SPOUSE OVER 65 WITHOUT MEDICARE
	R01	R02	R03	R04	R05	R06	R07
HMO (\$20 / Rx \$10/\$30/\$50)	\$ 789.64	\$ 1,579.30	\$ 1,855.67	\$ 1,200.26	N/A	N/A	N/A
Western Health Advantage High Deduct. Mid HMO (\$1,800 single/\$3,600 family)	\$ 591.37	\$ 1,179.47	\$ 1,377.90	\$ 894.83	N/A	N/A	N/A
Western Health Advantage High Deduct. HMO (\$2,800 single/\$5,600 family)	\$ 509.04	\$ 1,014.81	\$ 1,184.28	\$ 769.65	N/A	N/A	N/A

<b>KAISER</b>	RETIREE ONLY	RETIREE + SPOUSE UNDER 65	RETIREE + SPOUSE UNDER 65 + CHILDREN	RETIREE + CHILDREN	RETIREE + SPOUSE UNDER 65 WITH MEDICARE	RETIREE + SPOUSE OVER 65 WITH MEDICARE	RETIREE + SPOUSE OVER 65 WITHOUT MEDICARE
	R01	R02	R03	R04	R05	R06	R07
HMO (Office \$10 / Rx \$10/\$25)	\$ 995.53	\$ 1,991.07	\$ 2,339.51	\$ 1,513.22	N/A	\$ 1,337.72	N/A
Kaiser High Deductible (\$2,000 single/\$4,000 family)	\$ 599.67	\$ 1,196.09	\$ 1,404.84	\$ 909.81	N/A	N/A	N/A

<b>BLUE SHIELD</b> (only available if living outside Kaiser, Sutter Health and Western Health service areas)	RETIREE ONLY	RETIREE + SPOUSE UNDER 65	RETIREE + SPOUSE UNDER 65 + CHILDREN	RETIREE + CHILDREN	RETIREE + SPOUSE UNDER 65 WITH MEDICARE	RETIREE + SPOUSE OVER 65 WITH MEDICARE	RETIREE + SPOUSE OVER 65 WITHOUT MEDICARE
	R01	R02	R03	R04	R05	R06	R07
TRIO HMO (California only)	\$ 792.37	\$ 1,584.70	\$ 1,862.03	\$ 1,212.49	N/A	N/A	N/A
Blue Shield PPO Savings Mid (\$2,700 single/\$5,200 family)	\$ 705.44	\$ 1,409.59	\$ 1,656.04	\$ 1,078.64	N/A	N/A	N/A
Blue Shield PPO Savings HD (\$4,000 single/\$8,000 family)	\$ 646.13	\$ 1,289.02	\$ 986.86	\$ 1,514.03	N/A	N/A	N/A

**DELTA DENTAL**

**VISION SERVICE PLAN (VSP)**

Retiree with or without Dependent/s
\$ 125.75
\$ 20.80

**RETIREE HEALTH BENEFIT RATE SHEET 2018-2019 (effective 7/1/18)**

<b>MEDICAL - RETIREES OVER 65 WITH MEDICARE</b>								
<b>KAISER</b>	RETIREE ONLY	RETIREE + SPOUSE OVER 65 WITH MEDICARE	RETIREE + SPOUSE UNDER 65	RETIREE + SPOUSE UNDER 65 WITH MEDICARE	RETIREE + SPOUSE OVER 65 WITHOUT MEDICARE	RETIREE + CHILDREN	RETIREE + SPOUSE UNDER 65 + CHILDREN	RETIREE + SPOUSE UNDER 65 WITH COVERED WITH MEDICARE + CHILDREN
	R08	R09	R10	R11	R12	R15	R16	R17
HMO (Office \$10/Rx\$10/\$25)	\$ 342.19	\$ 684.38	\$ 1,337.72	N/A	N/A	N/A	N/A	N/A
HMO (Office \$20/Rx\$10/\$25)	\$ 315.06	\$ 630.12	\$ 1,178.71	N/A	N/A	N/A	\$ 1,480.99	N/A
<b>UNITED HEALTHCARE - RATES 1/1/18-12/31/18</b> (if Medicare retiree has covered spouse under 65 and live in Sutter Health or Western Health service area, spouse would need to choose Sutter Health or Western Health, or both could move to Kaiser)	RETIREE ONLY	RETIREE + SPOUSE OVER 65 WITH MEDICARE	RETIREE + SPOUSE UNDER 65	RETIREE + SPOUSE UNDER 65 WITH MEDICARE	RETIREE + SPOUSE OVER 65 WITHOUT MEDICARE	RETIREE + CHILDREN	RETIREE + SPOUSE UNDER 65 + CHILDREN	RETIREE + SPOUSE UNDER 65 WITH COVERED WITH MEDICARE + CHILDREN
	R08	R09	R10	R11	R12	R15	R16	R17
Medicare Advantage PPO (rates subject to change 1/1/19 for calendar year)	\$ 421.00	\$ 842.00	N/A	N/A	N/A	N/A	N/A	N/A
<b>HARTFORD - RATES 1/1/18-12/31/18</b>	RETIREE ONLY	RETIREE + SPOUSE OVER 65 WITH MEDICARE	RETIREE + SPOUSE UNDER 65	RETIREE + SPOUSE UNDER 65 WITH MEDICARE	RETIREE + SPOUSE OVER 65 WITHOUT MEDICARE	RETIREE + CHILDREN	RETIREE + SPOUSE UNDER 65 + CHILDREN	RETIREE + SPOUSE UNDER 65 WITH COVERED WITH MEDICARE + CHILDREN
	R08	R09	R10	R11	R12	R15	R16	R17
Medicare Supplement (rates subject to change 1/1/19 for calendar year)	\$ 457.00	\$ 914.00	N/A	N/A	N/A	N/A	N/A	N/A

**SUTTER HEALTH PLUS**

*Not available for Medicare retirees*

**WESTERN HEALTH ADVANTAGE**

*Not available for Medicare retirees*