## RETIREE HEALTH BENEFIT RATE SHEET 2023-2024 (effective 7/1/23)

		ETIDEEC I		WITHOUT	MEDICARE
	- FARI V R	FIIRFF I	INIIIER 65	— ( )	MILIN ARE
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									RETIREE +	RETIREE +	RETIREE +
				ETIREE +	RETIREE +				SPOUSE UNDER	SPOUSE OVER	SPOUSE OVER
			SPO	USE UNDER	SPO	OUSE UNDER	F	RETIREE +	65 WITH	65 WITH	65 WITHOUT
SUTTER HEALTH PLUS (see map for coverage areas)	RETIREE ONLY			65		65 + CHILDREN		CHILDREN	MEDICARE	MEDICARE	MEDICARE
		R01		R02		R03		R04	R05	R06	<del>R07</del>
HMO (Office \$25 / Rx \$10/\$30/\$60)	\$	1,089.00	\$	2,178.00	\$	2,559.00	\$	1,656.00	N/A	N/A	N/A
High Deductible Mid HMO (\$1,500 single/\$3,000 family)	\$	815.00	\$	1,625.00	\$	1,908.00	\$	1,236.00	N/A	N/A	N/A
High Deductible HMO (\$2,500 single/\$5,000 family)	\$	722.00	\$	1,441.00	\$	1,692.00	\$	1,096.00	N/A	N/A	N/A

WESTERN HEALTH ADVANTAGE (see map for coverage areas)	RET	IREE ONLY	SPO		SPC	RETIREE + DUSE UNDER + CHILDREN	RETIREE +	RETIREE + SPOUSE UNDER 65 WITH MEDICARE	RETIREE + SPOUSE OVER- 65 WITH- MEDICARE	RETIREE + SPOUSE OVER- 65-WITHOUT- MEDICARE
		R01		R02		R03	R04	<del>R05</del>	R06	<del>R07</del>
HMO (\$25 / Rx \$10/\$30/\$50)	\$	936.00	\$	1,871.00	\$	2,198.00	\$ 1,422.00	N/A	N/A	N/A
Western Health Advantage High Deduct. Mid HMO (\$1,800 single/\$3,600 family)	\$	695.00	\$	1,386.00	\$	1,628.00	\$ 1,054.00	N/A	N/A	N/A
Western Health Advantage High Deduct. HMO (\$2,800 single/\$5,600 family)	\$	603.00	\$	1,203.00	\$	1,413.00	\$ 915.00	N/A	N/A	N/A

KAISER	RE	ETIREE ONLY	65	SPC	RETIREE + DUSE UNDER + CHILDREN	ETIREE + HILDREN	RETIREE + SPOUSE UNDER 65 WITH MEDICARE	65 WITH MEDICARE	65 WITHOUT MEDICARE
		R01	R02		R03	R04	<del>R05</del>	R06	<del>R07</del>
HMO (Office \$25 / Rx \$10/\$25)	\$	1,121.00	\$ 2,241.00	\$	2,633.00	\$ 1,703.00	N/A	\$ 1,347.00	N/A
Kaiser High Deductible (\$2,000 single/\$4,000 family)	\$	801.00	\$ 1,598.00	\$	1,878.00	\$ 1,215.00	N/A	N/A	N/A
Kaiser High Deductible (\$3,000 single/\$6,000 family)	\$	689.00	\$ 1,374.00	\$	1,614.00	\$ 1,045.00	N/A	N/A	N/A

BLUE SHIELD (only available if living outside Kaiser, Sutter Health and Western Health service areas)	RE	TIREE ONLY	SPC		SPO	RETIREE + DUSE UNDER + CHILDREN R03	ETIREE + HILDREN R04	RETIREE + SPOUSE UNDER 65 WITH MEDICARE R05	RETIREE + SPOUSE OVER 65 WITH MEDICARE R06	RETIREE + SPOUSE OVER- 65 WITHOUT- MEDICARE R07
TRIO HMO (California only)	\$	1,098.00	\$	2,196.00	\$	2,580.00	\$ 1,680.00	N/A	N/A	N/A
Blue Shield PPO Savings Mid (\$2,700 single/\$5,200 family)	\$	932.00	\$	1,863.00	\$	2,189.00	\$ 1,425.00	N/A	N/A	N/A
Blue Shield PPO Savings HD (\$4,400 single/\$8,800 family)	\$	838.00	\$	1,673.00	\$	1,966.00	\$ 1,281.00	N/A	N/A	N/A

Retiree with or without Dependent/s \$ 125.75

DELTA DENTAL

VISION SERVICE PLAN (VSP)

## RETIREE HEALTH BENEFIT RATE SHEET 2023-2024 (effective 7/1/23)

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MEDICAL - RETIREES OVER 05 WITH MEDICARE A&B	•							
KAISER - RATES 7/1/23-6/30/24	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 \$25/Rx\$10/\$25)	\$ 226.00	\$ 452.00	\$ 1,347.00	N/A	N/A	\$ 809.00	\$ 1,739.00	N/A
Kaiser High Deductible (\$2,000 single/\$4,000 family)	N/A	N/A	\$ 1,024.00	N/A	N/A	\$ 639.00	\$ 1,301.00	N/A
Kaiser High Deductible (\$3,000 single/\$6,000 family)	N/A	N/A	\$ 912.00	N/A	N/A	\$ 581.00	\$ 1,150.00	N/A

UNITED HEALTHCARE - RATES 1/1/23-12/31/23 (rates subject to								RETIREE +
	1							SPOUSE UNDER
change 1/1/24 due to plan year based on calendar year) (#		RETIREE +		RETIREE +	RETIREE +		RETIREE +	65 WITH
Medicare retiree has covered spouse under 65 and lives in Sutter Health or Western Health		SPOUSE OVER	RETIREE +	SPOUSE	SPOUSE OVER		SPOUSE	COVERED WITH
service area, spouse would need to choose Sutter Health or Western Health, or both could		65 WITH	SPOUSE UNDER	<b>UNDER 65 WITH</b>	65 WITHOUT	RETIREE +	UNDER 65 +	MEDICARE +
move to Kaiser)	RETIREE ONLY	MEDICARE	<del>65</del>	MEDICARE	MEDICARE	CHILDREN	CHILDREN	CHILDREN
	R08	R09	R10	R11	<del>R12</del>	R15	R16	R17
Medicare Advantage PPO	\$ 372.00	\$ 744.00	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