

RETIREE HEALTH BENEFIT RATE SHEET 2021-2022 (effective 7/1/21)

| MEDICAL - EARLY RETIREES UNDER 65 WITHOUT MEDICARE | | | | | | | |
|---------------------------------------------------------------|--------------|---------------------------|--------------------------------------|--------------------|-----------------------------------------|----------------------------------------|-------------------------------------------|
| <u>SUTTER HEALTH PLUS</u> (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 \$25 / Rx \$10/\$30/\$60) | \$ 940.00 | \$ 1,879.00 | \$ 2,207.00 | \$ 1,428.00 | N/A | N/A | N/A |
| High Deductible Mid HMO (\$1,500 single/\$3,000 family) | \$ 676.00 | \$ 1,348.00 | \$ 1,583.00 | \$ 1,025.00 | N/A | N/A | N/A |
| High Deductible HMO (\$2,500 single/\$5,000 family) | \$ 600.00 | \$ 1,196.00 | \$ 1,404.00 | \$ 909.00 | N/A | N/A | N/A |

| <u>WESTERN HEALTH ADVANTAGE</u> (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 (\$25 / Rx \$10/\$30/\$50) | \$ 833.00 | \$ 1,667.00 | \$ 1,958.00 | \$ 1,267.00 | N/A | N/A | N/A |
| Western Health Advantage High Deduct. Mid HMO (\$1,800 single/\$3,600 family) | \$ 631.00 | \$ 1,260.00 | \$ 1,472.00 | \$ 956.00 | N/A | N/A | N/A |
| Western Health Advantage High Deduct. HMO (\$2,800 single/\$5,600 family) | \$ 536.00 | \$ 1,069.00 | \$ 1,248.00 | \$ 811.00 | N/A | N/A | N/A |

| <u>KAISER</u> | 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 \$25 / Rx \$10/\$25) | \$ 967.00 | \$ 1,933.00 | \$ 2,272.00 | \$ 1,469.00 | N/A | \$ 1,246.00 | N/A |
| Kaiser High Deductible (\$2,000 single/\$4,000 family) | \$ 678.00 | \$ 1,353.00 | \$ 1,589.00 | \$ 1,029.00 | N/A | N/A | N/A |

| <u>BLUE SHIELD</u> (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) | \$ 831.00 | \$ 1,662.00 | \$ 1,953.00 | \$ 1,271.00 | N/A | N/A | N/A |
| Blue Shield PPO Savings Mid (\$2,700 single/\$5,200 family) | \$ 760.00 | \$ 1,520.00 | \$ 1,785.00 | \$ 1,163.00 | N/A | N/A | N/A |
| Blue Shield PPO Savings HD (\$4,000 single/\$8,000 family) | \$ 696.00 | \$ 1,390.00 | \$ 1,632.00 | \$ 1,064.00 | 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 2021-2022 (effective 7/1/21)

| MEDICAL - RETIREES OVER 65 WITH MEDICARE A&B | | | | | | | | |
|--------------------------------------------------------------------|--------------|-------------------------------------------------|---------------------------------|--------------------------------------------------|----------------------------------------------------|-----------------------|-----------------------------------------------|--------------------------------------------------------------------------------|
| <u>KAISER - RATES 7/1/21-6/30/22 (rates valid through 6/30/22)</u> | 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) | \$ 274.00 | \$ 548.00 | \$ 1,246.00 | N/A | N/A | \$ 779.00 | \$ 1,586.00 | N/A |
| Kaiser High Deductible (\$2,000 single/\$4,000 family) | \$ 266.00 | \$ 532.00 | \$ 944.00 | N/A | N/A | \$ 619.00 | \$ 1,182.00 | N/A |

| <u>UNITED HEALTHCARE - RATES 1/1/21-12/31/21 (rates subject to change 1/1/22 due to plan year based on calendar year)</u> (If Medicare retiree has covered spouse under 65 and lives 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 | \$ 370.00 | \$ 740.00 | 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