

Monthly Medical Plan Rates		
Effective January 1, 2009 Plan and Coverage Level	2009 Rate	
Health Net ELECT Open Access	High	Low
Retiree only, under 65, no Medicare	\$771.56	\$634.07
1 Dependent, under 65, no Medicare	\$884.71	\$726.70
2 Dependents, under 65, no Medicare	\$1,500.44	\$1,232.45
Retiree only, over 65, no Medicare	\$1,181.14	n/a
1 Dependent, over 65, no Medicare	\$1,179.41	n/a
2 Dependents, over 65, no Medicare	\$2,358.82	n/a
Health Net Seniority Plus	High	Zero Premium
Retiree only, over 65, with Medicare A and B	\$168.18	\$0.00
1 Dependent, over 65, with Medicare A and B	\$166.45	\$0.00
2 Dependents, over 65, with Medicare A and B	\$332.90	\$0.00
Health Net Private Fee-for-Service - California	High	Low
Retiree only, over 65, with Medicare A and B	\$303.08	\$164.22
1 Dependent, over 65, with Medicare A and B	\$301.35	\$162.49
2 Dependents, over 65, with Medicare A and B	\$602.70	\$324.98
Health Net Private Fee-for-Service - Out Of State	High	Low
Retiree Only, over 65, with Medicare A and B	\$369.20	\$246.14
1 Dependent over 65, with Medicare A and B	\$367.47	\$244.41
2 Dependents over 65, with Medicare A and B	\$734.94	\$488.82
Health Net PPO - California	High	Low
Retiree Only, under 65, no Medicare	\$895.87	\$701.35
1 Dependent under 65, no Medicare	\$918.01	\$718.29
2 Dependents under 65, no Medicare	\$1,911.10	\$1,486.14
Health Net PPO - Out Of State	High	Low
Retiree Only, under 65, no Medicare	\$952.52	\$745.67
1 Dependent under 65, no Medicare	\$976.16	\$763.78
2 Dependents under 65, no Medicare	\$2,032.16	\$1,590.05

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Kaiser Permanente	High	Low
Retiree only, under 65, no Medicare	\$685.22	\$521.02
1 Dependent, under 65, no Medicare	\$683.49	\$519.29
2 Dependents, under 65, no Medicare	\$1,250.79	\$950.30
Retiree only, over 65, no Medicare	\$1,110.47	\$1,098.02
1 Dependent, over 65, no Medicare	\$1,108.74	\$1,096.29
2 Dependents, over 65, no Medicare	\$2,217.48	\$2,192.58
Kaiser Permanente Medicare Advantage	High	Low
Retiree only, over 65, with Medicare A and B	\$202.72	\$111.73
1 Dependent, over 65, with Medicare A and B	\$200.99	\$110.00
2 Dependents, over 65, with Medicare A and B	\$401.98	\$220.00

* TBA = To Be Announced

Monthly Dental Plan Rates	
Delta Dental PPO	
Retiree Only	\$35.00
Retiree + 1	\$65.42
Retiree + 2 or more	\$113.31

The rates listed are the most frequently used rates. If your specific status is not listed above or if you are not sure what your rate will be, please call the Employee Benefits and Services Division at (909) 387-9674. We will be happy to assist you!

How to calculate your total monthly medical premium if you have dependents

If you have one or more dependents added onto your coverage, please make sure to add the "Retiree only" rate to the "1 Dependent" or "2 Dependents" rate, as applicable.

For example:

You are a retiree over 65, with Medicare A, B, and D. You live in a Seniority Plus service area, and you have one dependent, under 65, without Medicare. If you select Health Net as your carrier, your total monthly premium will be:

Seniority Plus - Retiree only, over 65, with Medicare A and B (High Option)	\$168.18
ELECT Open Access - 1 Dependent, under 65, no Medicare (High Option)	\$884.71
Total Monthly Premium	\$1052.89

Note: The rates listed above are based on retiree/dependents' age and Medicare eligibility.