

## Monthly Medical Plan Rates

Effective January 1, 2010 Plan and Coverage Level	2010 Rate	
<b>Health Net ELECT Open Access</b>		
	<b>High</b>	<b>Low</b>
Retiree only, <b>under</b> 65, no Medicare	\$793.02	\$652.09
1 Dependent, under 65, no Medicare	\$906.82	\$744.87
2 Dependents, under 65, no Medicare	\$1,537.95	\$1263.26
Retiree only, <b>over</b> 65, no Medicare	\$1,212.84	n/a
1 Dependent, over 65, no Medicare	\$1208.90	n/a
2 Dependents, over 65, no Medicare	\$2,417.80	n/a
<b>Health Net Seniority Plus</b>		
	<b>High</b>	<b>Low</b>
Retiree only, over 65, with Medicare A and B	\$191.20	\$136.00
1 Dependent, over 65, with Medicare A and B	\$187.26	\$132.06
2 Dependents, over 65, with Medicare A and B	\$374.52	\$264.12
<b>Health Net PPO Medicare COB – California and Out of State</b>		
	<b>High</b>	<b>Low</b>
Retiree only, over 65, with Medicare A and B	\$519.59	n/a
1 Dependent, over 65, with Medicare A and B	\$515.65	n/a
2 Dependents, over 65, with Medicare A and B	\$1031.30	n/a
<b>Health Net PPO - California</b>		
	<b>High</b>	<b>Low</b>
Retiree Only, under 65, no Medicare	\$1,041.14	\$815.50
1 Dependent under 65, no Medicare	\$1,064.89	\$833.22
2 Dependents under 65, no Medicare	\$2216.88	\$1,723.92
<b>Health Net PPO - Out Of State</b>		
	<b>High</b>	<b>Low</b>
Retiree Only, under 65, no Medicare	\$1106.86	\$866.91
1 Dependent under 65, no Medicare	\$1,132.34	\$885.99
2 Dependents under 65, no Medicare	\$2,357.30	\$1844.46

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<b>Kaiser Permanente</b>		
	High	Low
Retiree only, <b>under</b> 65, no Medicare	\$687.43	\$523.23
1 Dependent, under 65, no Medicare	\$683.49	\$519.29
2 Dependents, under 65, no Medicare	\$1,250.79	\$950.30
Retiree only, <b>over</b> 65, no Medicare	\$1,112.68	\$1100.23
1 Dependent, over 65, no Medicare	\$1,108.74	\$1096.29
2 Dependents, over 65, no Medicare	\$2,217.48	\$2192.58
<b>Kaiser Permanente Medicare Advantage</b>		
	High	Low
Retiree only, over 65, with Medicare A and B	\$221.64	\$134.84
1 Dependent, over 65, with Medicare A and B	\$217.70	\$130.90
2 Dependents, over 65, with Medicare A and B	\$435.40	\$261.80

\* TBA = To Be Announced

## Monthly Dental Plan Rates

	Delta Dental PPO	Delta Dental HMO
Retiree Only	\$37.12	\$17.54
Retiree + 1	\$68.03	\$27.10
Retiree + 2 or more	\$116.68	\$38.70

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)	\$191.20
ELECT Open Access - 1 Dependent, under 65, no Medicare (High Option)	<u>\$906.82</u>
Total Monthly Premium	\$1098.02

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

