

## 2008 Retiree Health Plan Rate Table

### RETIREES NOT ENROLLED IN MEDICARE

RETIREE ENROLLMENT STATUS	PPO PLANS			HEALTH MAINTENANCE PLANS (HMO)			
	Premier Wellwise Plan	Premier Sharewell Plan	Exclusive Care Plan	CIGNA Health Plan	Kaiser Health Plan	Blue Cross Traditional HMO Plan	Blue Cross Select HMO Plan
Retiree Only	\$793.72	\$277.80	\$529.75	\$612.70	\$610.00	\$593.86	\$465.45
Retiree W/1 Dependent	\$1,468.37	\$486.15	\$962.46	\$1,211.02	\$1,220.00	\$1,187.73	\$930.90
Retiree W/2 or More Dependents	\$1,984.29	\$638.94	\$1,385.27	\$1,685.02	\$1,769.00	\$1,722.20	\$1,349.80

NOTE: Eligible Retirees and/or enrolled dependent age 65 or older must enroll in Medicare Part B. Eligible Retiree entitled to Medicare Part A without a premium must enroll in Medicare Part A. Evidence of Medicare coverage is required. For EW eligible retirees, the Retiree Medical Grant for 2008 is \$17.50 per month for each year of County Service to a maximum of 25 years. Grant is subject to change based upon retirement date and grant eligibility.