

**RETIREE MONTHLY RATES**  
**UNITED HEALTH CARE MEDICAL Group # 704471**

**Tobacco Users**

<b>Low HMO</b>	Retiree Only	\$ 540.00	<b>\$ 590.00</b>
	Retiree + Child(ren)	\$ 896.00	<b>\$ 946.00</b>
	Retiree + Spouse/* (DP)	\$1,013.00	<b>\$1,063.00</b>
	Retiree + Full Family	\$1,283.00	<b>\$1,303.00</b>
<b>High HMO</b>	Retiree Only	\$ 630.00	<b>\$ 680.00</b>
	Retiree + Child(ren)	\$1,080.00	<b>\$1,130.00</b>
	Retiree + Spouse/* (DP)	\$1,200.00	<b>\$1,250.00</b>
	Retiree + Full Family	\$1,540.00	<b>\$1,590.00</b>
<b>CDHP Medical</b>	Retiree Only	\$ 430.00	<b>\$ 480.00</b>
	Retiree + Child(ren)	\$ 786.00	<b>\$ 836.00</b>
	Retiree + Spouse/* (DP)	\$ 868.00	<b>\$ 918.00</b>
	Retiree + Full Family	\$1,142.00	<b>\$1,192.00</b>

\*DP = Domestic Partner

**DENTAL INSURANCE PLAN HUMANA - Group # 830206**

<b>Option 1</b> PBCSD DHMO Enhanced	Retiree Only	\$ 14.40
	Retiree + Child(ren)	\$ 30.60
	Retiree + Spouse/* (DP)	\$ 25.20
	Retiree + Full Family	\$ 39.60
<b>Option 2</b> PBCSD DHMO Basic	Retiree Only	\$ 10.94
	Retiree + Child(ren)	\$ 23.40
	Retiree + Spouse/* (DP)	\$ 19.03
	Retiree + Full Family	\$ 29.96
<b>Option 3</b> PPO High (Orthodontic)	Retiree Only	\$ 31.96
	Retiree + Child(ren)	\$ 87.89
	Retiree + Spouse/* (DP)	\$ 78.31
	Retiree + Full Family	\$118.27
<b>Option 4</b> PPO Low	Retiree + Only	\$ 25.20
	Retiree + Child(ren)	\$ 69.30
	Retiree + Spouse/* (DP)	\$ 61.74
	Retiree + Full Family	\$ 93.25

\*DP = Domestic Partner

**VISION PLAN EYE MED Group # 9705435**

<b>Eye Med</b>	Retiree Only	\$ 5.45
	Retiree + Full Family	\$14.00