

MEDICARE PRIMARY PLANS *for MEDICARE RETIREES, COBRA AND 100% CONTRIBUTORY*

MONTHLY PREMIUM RATES *January 1, 2016 - December 31, 2016*

| MEDICARE PRIMARY FOR RETIREE AND DEPENDENT(S) | | | |
|---|---|---|-------------------------------|
| | <i>Medicare Advantage Base Plan</i> | <i>Medicare Advantage Enhanced Plan</i> | <i>Traditional 70/30 Plan</i> |
| Retiree Only | \$132.00 | \$198.00 | \$348.24 |
| Retiree + Child(ren) | \$264.00 | \$396.00 | \$498.30 |
| Retiree + Spouse | \$264.00 | \$396.00 | \$742.80 |
| Retiree + Family | \$396.00 | \$594.00 | \$778.16 |
| MEDICARE PRIMARY FOR RETIREE AND NON-MEDICARE PRIMARY FOR DEPENDENT(S) | | | |
| <i>CONSUMER-DIRECTED HEALTH PLAN FOR NON-MEDICARE PRIMARY DEPENDENT(S)</i> | | | |
| Retiree + Child(ren) | \$321.82 | \$387.82 | \$538.06 |
| Retiree + Spouse | \$621.14 | \$687.14 | \$837.38 |
| Retiree + Family | \$652.96 | \$718.96 | \$869.20 |
| <i>ENHANCED 80/20 PLAN FOR NON-MEDICARE PRIMARY DEPENDENT(S)</i> | | | |
| Retiree + Child(ren) | \$412.52 | \$478.52 | \$628.76 |
| Retiree + Spouse | \$778.32 | \$844.32 | \$994.56 |
| Retiree + Family | \$817.22 | \$883.22 | \$1,033.46 |
| <i>TRADITIONAL 70/30 PLAN FOR NON-MEDICARE PRIMARY DEPENDENT(S)</i> | | | |
| Retiree + Child(ren) | \$342.92 | \$408.92 | \$559.16 |
| Retiree + Spouse | \$675.46 | \$741.46 | \$891.70 |
| Retiree + Family | \$710.86 | \$776.86 | \$927.10 |

Notes:

- 1 *If your employment contract is for less than 12 months, contact your Health Benefits Representative or benefits office for monthly rates.*
- 2 *If you are actively employed and you or your dependent(s) are Medicare eligible, the State Health Plan is the primary insurer and the Non-Medicare rates apply. An exception to this would be if you or your dependent(s) are Medicare eligible due to end stage renal disease (ESRD).*
- 3 *If you work for a local government employer, contact your Health Benefits Representative or benefits office for monthly rates.*