



Plan Year 2009

HEALTH INSURANCE COVERAGE

		SecureHorizons		Aetna					
		High Option HMO	Low Option HMO	Low Option HMO	High Option HMO	Managed Choice POS	Open Access PPO	High Deductible Health Plan HDHP	Out of Area PPO

MEDICAL FOR NON-MEDICARE RETIREE

Single Retiree Only	N/A	N/A	\$ 619.10	\$ 917.82	\$ 1,063.32	\$ 567.19	\$ 454.42	\$ 567.19
NON-MEDICARE DEPENDENTS								
Couple Retiree +1 dependent	N/A	N/A	\$ 1,151.99	\$ 1,704.37	\$ 1,967.14	\$ 1,049.29	\$ 845.01	\$ 1,049.29
Family Retiree +2 or more dependents	N/A	N/A	\$ 1,795.47	\$ 2,665.79	\$ 3,083.64	\$ 1,644.86	\$ 1,316.86	\$ 1,644.86
MEDICARE DEPENDENTS								
Couple Retiree +1 dependent with MC	N/A	N/A	\$ 875.30	\$ 1,321.12	\$ 1,587.67	\$ 990.17	\$ 890.50	\$ 1,008.80
Family Retiree +2 dependents/1 with MC	N/A	N/A	\$ 1,408.19	\$ 2,107.67	\$ 2,491.49	\$ 1,472.27	\$ 1,281.09	\$ 1,490.90

MEDICAL FOR MEDICARE RETIREE

Single Medicare Retiree Only	\$ 322.14	\$ 205.34	\$ 256.20	\$ 403.30	\$ 524.35	\$ 422.98	\$ 436.08	\$ 441.61
NON-MEDICARE DEPENDENTS								
Couple MC Retiree +1 dependent	N/A	N/A	\$ 875.30	\$ 1,321.12	\$ 1,587.67	\$ 990.17	\$ 890.50	\$ 1,008.80
Family MC Retiree +2 or more dependents	N/A	N/A	\$ 1,408.19	\$ 2,107.67	\$ 2,491.49	\$ 1,472.27	\$ 1,281.09	\$ 1,490.90
MEDICARE DEPENDENTS								
Couple MC Retiree +1 dependent with MC	\$ 644.28	\$ 410.68	\$ 512.40	\$ 806.60	\$ 1,048.70	\$ 845.95	\$ 872.16	\$ 883.22
Family MC Retiree +2 dependents/1 with MC	N/A	N/A	\$ 1,131.50	\$ 1,724.42	\$ 2,112.02	\$ 1,413.14	\$ 1,326.58	\$ 1,450.41

VISION (optional)		DENTAL (optional)		CARE COUNSEL (mandatory)
Vision Service Plan VSP		*County Self Funded PPO	Golden West Pacesetter HMO	Monthly Rate \$ 2.90
Single Retiree Only	\$ 6.95	\$ 46.52	\$ 31.30	
Couple Retiree +1 dependent	\$ 10.01	\$ 93.05	\$ 51.44	
Family Retiree +2 or more dependents	\$ 17.96	\$ 139.57	\$ 78.09	

Effective dates for all premiums will be January 1 – December 31, 2009
N/A = NOT APPLICABLE