



RETIREE HEALTH & DENTAL MONTHLY PREMIUMS (TALB, CSEA & Non-Rep)

2016 Calendar Year rates (MONTHLY)

BLUESHIELD PPO

Retiree without Medicare	\$1,179.49
Retiree with Medicare	811.73
Retiree & Spouse without Medicare	2,353.48
Retiree & Spouse one Medicare A & B	1,985.72
Retiree & Spouse two Medicare A & B	1,617.96
Retiree & Family without Medicare	2,766.68
Retiree & Family one Medicare	2,398.92
Retiree & Family two Medicare	2,031.16

Kaiser

Retiree without Medicare	\$ 551.32
Retiree with Medicare	330.23
Retiree & Spouse without Medicare	1,097.14
Retiree & Spouse one Medicare A & B	876.05
Retiree & Spouse two Medicare A & B	654.96
Retiree & Family without Medicare	1,550.18
Retiree & Family one Medicare	1,329.09
Retiree & Family two Medicare	1,108.00

BLUESHIELD HMO

Retiree without Medicare	\$ 559.86
Retiree with Medicare	216.11
Retiree & Spouse without Medicare	1,114.25
Retiree & Spouse one Medicare A & B	770.50
Retiree & Spouse two Medicare A & B	426.72
Retiree & Family without Medicare	1,470.93
Retiree & Family one Medicare	1,127.18
Retiree & Family two Medicare	783.40

Note: If you cannot find your rate above please contact Risk Management at 562-997-8236 for additional rates.

DENTAL RATES

Effective January 1, 2016

DELTA CARE / PMI

Retiree	\$ 22.77
Retiree plus one	\$ 34.33
Retiree plus Family	\$ 48.49

DELTA PREMIER + PPO

Retiree	\$ 70.90
Retiree plus one	\$ 137.67
Retiree plus Family	\$ 177.73

MEDICARE IN CONNECTION WITH YOUR HEALTH PLAN COVERAGE

Medicare coverage is primary when enrolled in the Blue Shield PPO. Part A is Hospital coverage and Part B is Physicians coverage. All questions concerning Medicare should be directed to your local Social Security Office.

If you are Medicare eligible and enrolled in the HMO plan you will need to assign your Medicare (Pledge) to the HMO.

PAYMENTS

Use this rate schedule to determine the amount of the premium due. If you need assistance please call (866) 844-9744 or (562) 997-8236.