Medical Rates Charged to Retirees

Final 2008 PEBB Bid Rates
HCA Finance and Administration

	Non-Medicare				Medicare							
Plan Name	Subscriber	Subscriber & Spouse	Subscriber & Child(ren)	Full Family	Subscriber	Subscriber & Spouse (1 eligible)	Subscriber & Spouse (2 eligible)	Subscriber & Children (2 eligible)	Subscriber & Child(ren)	Full Family (1 eligible)	Full Family (2 eligible)	Full Family (3 eligible)
Aetna Public Employee Plan	$484.32	$ 957.20	$ 838.98	$ 1,311.86	$ 232.62	$ 705.50	$ 453.80	$ 453.80	$ 587.28	$ 1,060.16	$ 808.46	$ 674.98
Group Health Classic	$454.89	$ 898.34	$ 787.48	$ 1,230.93	$ 161.28	$ 604.73	$ 311.12	$ 311.12	$ 493.87	$ 937.32	$ 643.71	$ 460.96
Group Health Value	$400.19	$ 788.94	$ 691.75	$ 1,080.50	$ 143.32	$ 532.07	$ 275.20	$ 275.20	$ 434.88	$ 823.63	$ 566.76	$ 407.08
Kaiser Permanente Classic	$481.87	$ 952.30	$ 834.69	$ 1,305.12	$ 173.29	$ 643.72	$ 335.14	$ 335.14	$ 526.11	$ 996.54	$ 687.96	$ 496.99
Kaiser Permanente Value	$439.15	$ 866.86	$ 759.93	$ 1,187.64	$ 139.84	$ 567.55	$ 268.24	$ 268.24	$ 460.62	$ 888.33	$ 589.02	$ 396.64
Secure Horizons Classic	N/A	N/A	N/A	N/A	$ 199.98	N/A	$ 388.52	$ 388.52	N/A	N/A	N/A	$ 577.06
Secure Horizons Value	N/A	N/A	N/A	N/A	$ 147.22	N/A	$ 283.00	$ 283.00	N/A	N/A	N/A	$ 418.78
Uniform Medical Plan PPO	$408.76	$ 806.08	$ 706.75	$ 1,104.07	$ 173.63	$ 570.95	$ 335.82	$ 335.82	$ 471.62	$ 868.94	$ 633.81	$ 498.01

*Secure Horizons is available only to Medicare retirees
The retiree and his or her enrolled dependents must be
enrolled in Medicare Parts A and B to enroll in Secure Horizons.

Medicare Supplement Plans	Subscriber	Subscriber and Spouse (1 eligible)	Subscriber and Spouse (2 elig, 1 dis)	Subscriber and Spouse (2 eligible)	Subscriber and Child(ren)	Full Family (1 eligible)	Full Family (2 elig, 1 dis)	Full Family (2 eligible)
Plan E Retired	$ 77.56	$ 474.88	$ 189.96	$ 143.68	$ 375.55	$ 772.87	$ 487.95	$ 441.67
Plan E Disabled	$ 123.84	$ 521.16	$ 189.96	$ 236.24	$ 421.83	$ 819.15	$ 487.95	$ 534.23
Plan J Retired without Rx (New 1/1/06)	$ 101.33	$ 498.65	$ 254.14	$ 191.22	$ 399.32	$ 796.64	$ 552.13	$ 489.21
Plan J Disabled without Rx (New 1/1/06)	$ 164.25	$ 561.57	$ 254.14	$ 317.06	$ 462.24	$ 859.56	$ 552.13	$ 615.05
Plan J Retired with Rx (Old)	$ 144.93	$ 542.25	$ 434.71	$ 278.42	$ 442.92	$ 840.24	$ 732.70	$ 576.41
Plan J Disabled with Rx (Old)	$ 301.22	$ 698.54	$ 434.71	$ 591.00	$ 599.21	$ 996.53	$ 732.70	$ 888.99

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Retiree Dental Rates

2008 PEBB Bid Rates

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Subscribers Enrolled in PEBB Medical Plans				
	Willamette Dental Plan 7	DeltaCare Plan 4	Uniform Dental Plan Plan 1	Publication No. 51-275
Retiree				
Subscriber Only	$ 40.97	$ 35.19	$ 40.01	
Subscriber and Spouse	$ 81.94	$ 70.38	$ 80.02	
Subscriber and Child(ren)	$ 81.94	$ 70.38	$ 80.02	
Full Family	$ 122.91	$ 105.57	$ 120.03	

PEBB Retiree Life Rates

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Pub No.
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Plan A Basic for Retirees:	Monthly Cost:	$ 2.19