

2010 PEBB Retiree Monthly Rates

Special Requirements

1. To qualify for the Medicare rate, at least one covered family member must be enrolled in both Part A and Part B of Medicare.
2. Medicare-enrolled subscribers in Group Health Cooperative's Medicare Advantage plan, Kaiser Permanente Senior Advantage, or SecureHorizons must agree to complete and sign the *Medicare Advantage Plan Election Form* (form C) to enroll in one of these plans. For more information on these requirements, please contact your health plan's customer service department.

Medical Plans								
Members not eligible for Medicare (or enrolled in Part A only):	Aetna Public Employees Plan	Group Health Classic	Group Health Value	Kaiser Permanente Classic	Kaiser Permanente Value	Secure-Horizons Classic	Secure-Horizons Value	Uniform Medical Plan
Subscriber Only	\$ 531.44	\$ 470.73	\$ 421.44	\$ 471.51	\$ 441.08	N/A	N/A	\$ 440.20
Subscriber & Spouse*	1,056.44	935.02	836.44	936.58	875.72	N/A	N/A	873.96
Subscriber & Child(ren)	925.19	818.95	732.69	820.31	767.06	N/A	N/A	765.52
Full Family	1,450.19	1,283.24	1,147.69	1,285.38	1,201.70	N/A	N/A	1,199.28

Members enrolled in Part A & Part B of Medicare:	Aetna Public Employees Plan	Group Health Classic	Group Health Value	Kaiser Permanente Classic	Kaiser Permanente Value	Secure-Horizons Classic	Secure-Horizons Value	Uniform Medical Plan
Subscriber Only	\$ 277.38	\$ 132.36	\$ 124.44	\$ 166.40	\$ 135.44	\$ 210.70	\$ 127.02	\$ 162.86
Subscriber & Spouse* (1 Medicare eligible)	802.38	596.65	539.44	631.47	570.08	N/A	N/A	596.62
Subscriber & Spouse* (2 Medicare eligible)	548.32	258.28	242.44	326.36	264.44	414.96	247.60	319.28
Subscriber & Child(ren) (1 Medicare eligible)	671.13	480.58	435.69	515.20	461.42	N/A	N/A	488.18
Subscriber & Child(ren) (2 Medicare eligible)	548.32	258.28	242.44	326.36	264.44	414.96	247.60	319.28
Full Family (1 Medicare eligible)	1,196.13	944.87	850.69	980.27	896.06	N/A	N/A	921.94
Full Family (2 Medicare eligible)	942.07	606.50	553.69	675.16	590.42	N/A	N/A	644.60
Full Family (3 Medicare eligible)	819.26	384.20	360.44	486.32	393.44	619.22	368.18	475.70

*or Washington State-registered domestic partner

Medicare rates shown above have been reduced by the state-funded contribution up to \$182.89 per retiree per month.

Medicare Supplement Plans		
	Plan F (Age 65 or older, eligible by age)	Plan F (Under age 65, eligible by disability)
Subscriber Only	\$ 88.58	\$ 146.08
Subscriber & Spouse* (1 Medicare eligible)**	522.34	579.84
Subscriber & Spouse* (2 Medicare eligible – 1 retired, 1 disabled)	228.22	228.22
Subscriber & Spouse* (2 Medicare eligible)	170.72	285.72
Subscriber & Child(ren) (1 Medicare eligible)**	413.90	471.40
Full Family (1 Medicare eligible)**	847.66	905.16
Full Family (2 Medicare eligible – 1 retired, 1 disabled)**	553.54	553.54
Full Family (2 Medicare eligible)**	496.04	611.04

Medicare rates shown above have been reduced by the state-funded contribution up to \$182.89 per retiree per month. The PEBB Program does not offer the high-deductible Medicare Supplement Plan F shown in the outline of coverage beginning on page 31.

*or Washington State-registered domestic partner

**If a Medicare supplement plan is selected, non-Medicare eligible dependents are enrolled in the Uniform Medical Plan (UMP). The rates shown reflect the total due, including premiums for both plans.

Dental Plans with Medical Plan	DeltaCare, administered by Washington Dental Service	Uniform Dental Plan	Willamette Dental
Subscriber Only	\$ 37.19	\$ 44.53	\$ 40.18
Subscriber & Spouse*	74.38	89.06	80.36
Subscriber & Child(ren)	74.38	89.06	80.36
Full Family	111.57	133.59	120.54

*or Washington State-registered domestic partner

Retiree Life Insurance Self-Pay Rate – \$2.19 per month