

Retiree Health Insurance Monthly Premiums
For Retirees Hired Before July 1, 2008 and Retired On or After January 15, 2012



PRE-MEDICARE PLANS & RATES
Rates Effective July 1, 2020 to June 30, 2021

Note: The maximum County contribution toward monthly insurance premiums is \$600/month (pro-rated for Groups 2-6). If the County Share of your medical plan reaches the maximum subsidy for your Group, you are responsible for the balance of the medical premium and the "full pay" dental premium.

	Employer Subsidy Monthly Cap	Coverage Level	Kaiser HMO Copay Plan		Cigna OAP IN Copay Plan	Cigna OAP IN 10% Coinsurance	All Cigna Plans
			Retiree Share	County Share	Retiree Share	Retiree Share	County Share
GROUP 1: Chapter 21: 20+ yrs svc; Chapter 46: 25+ yrs svc Max. Subsidy \$600	\$600	Single	\$ 33.84	\$ 552.84	\$ 179.82	\$ 110.68	\$ 581.00
		2 Adults	\$ 635.44	\$ 600.00	\$ 959.71	\$ 817.98	\$ 600.00
		Adult + Child(ren)	\$ 488.42	\$ 600.00	\$ 731.44	\$ 610.49	\$ 600.00
		Family	\$ 1,190.56	\$ 600.00	\$ 1,682.52	\$ 1,475.02	\$ 600.00
		1 NonMedicare + 1 Medicare	\$ 238.56	\$ 600.00	\$ 620.82	\$ 551.68	\$ 600.00
GROUP 2: Chapter 46 23-24 years of service Max. Subsidy \$552	\$552	Single	\$ 75.34	\$ 511.34	\$ 223.40	\$ 154.26	\$ 537.43
		2 Adults	\$ 683.44	\$ 552.00	\$ 1,007.71	\$ 865.98	\$ 552.00
		Adult + Child(ren)	\$ 536.42	\$ 552.00	\$ 779.44	\$ 658.49	\$ 552.00
		Family	\$ 1,238.56	\$ 552.00	\$ 1,730.52	\$ 1,523.02	\$ 552.00
		1 NonMedicare + 1 Medicare	\$ 286.56	\$ 552.00	\$ 668.82	\$ 599.68	\$ 552.00
GROUP 3: Chapter 46 20-22 years of service Max. Subsidy \$480	\$480	Single	\$ 144.42	\$ 442.26	\$ 296.02	\$ 226.88	\$ 464.80
		2 Adults	\$ 755.44	\$ 480.00	\$ 1,079.71	\$ 937.98	\$ 480.00
		Adult + Child(ren)	\$ 608.42	\$ 480.00	\$ 851.44	\$ 730.49	\$ 480.00
		Family	\$ 1,310.56	\$ 480.00	\$ 1,802.52	\$ 1,595.02	\$ 480.00
		1 NonMedicare + 1 Medicare	\$ 358.56	\$ 480.00	\$ 740.82	\$ 671.68	\$ 480.00
GROUP 4: Ch 21 & 46 15-19 years of service Max. Subsidy \$360	\$360	Single	\$ 255.01	\$ 331.67	\$ 412.22	\$ 343.08	\$ 348.60
		2 Adults	\$ 875.44	\$ 360.00	\$ 1,199.71	\$ 1,057.98	\$ 360.00
		Adult + Child(ren)	\$ 728.42	\$ 360.00	\$ 971.44	\$ 850.49	\$ 360.00
		Family	\$ 1,430.56	\$ 360.00	\$ 1,922.52	\$ 1,715.02	\$ 360.00
		1 NonMedicare + 1 Medicare	\$ 478.56	\$ 360.00	\$ 860.82	\$ 791.68	\$ 360.00
GROUP 5: Ch 21 & 46 10-14 years of service Max. Subsidy \$240	\$240	Single	\$ 365.61	\$ 221.07	\$ 528.42	\$ 459.28	\$ 232.40
		2 Adults	\$ 995.44	\$ 240.00	\$ 1,319.71	\$ 1,177.98	\$ 240.00
		Adult + Child(ren)	\$ 848.42	\$ 240.00	\$ 1,091.44	\$ 970.49	\$ 240.00
		Family	\$ 1,550.56	\$ 240.00	\$ 2,042.52	\$ 1,835.02	\$ 240.00
		1 NonMedicare + 1 Medicare	\$ 598.56	\$ 240.00	\$ 980.82	\$ 911.68	\$ 240.00
GROUP 6: Ch 21 & 46 0-9 years of service Max. Subsidy \$120	\$120	Single	\$ 476.20	\$ 110.48	\$ 644.62	\$ 575.48	\$ 116.20
		2 Adults	\$ 1,115.44	\$ 120.00	\$ 1,439.71	\$ 1,297.98	\$ 120.00
		Adult + Child(ren)	\$ 968.42	\$ 120.00	\$ 1,211.44	\$ 1,090.49	\$ 120.00
		Family	\$ 1,670.56	\$ 120.00	\$ 2,162.52	\$ 1,955.02	\$ 120.00
		1 NonMedicare + 1 Medicare	\$ 718.56	\$ 120.00	\$ 1,100.82	\$ 1,031.68	\$ 120.00

PLEASE TURN OVER FOR THE MEDICARE & DENTAL RATES

Retiree Health Insurance Monthly Premiums

For Retirees Hired Before July 1, 2008 and Retired On or After January 15, 2012



MEDICARE PLANS & RATES Rates Effective January 1, 2021 to December 31, 2021

	Employer Subsidy Monthly Cap	Coverage Level	Kaiser Medicare		AmWINS	
			Retiree Share	County Share	Retiree Share	County Share
GROUP 1: Chapter 21: 20+ yrs svc; Chapter 46: 25+ yrs svc	\$600	1 on Medicare	\$ 25.19	\$ 226.69	\$ 46.00	\$ 414.00
		2 on Medicare	\$ 50.38	\$ 453.38	\$ 320.00	\$ 600.00
GROUP 2: Chapter 46 23-24 years of service	\$552	1 on Medicare	\$ 43.32	\$ 208.56	\$ 79.12	\$ 380.88
		2 on Medicare	\$ 86.65	\$ 417.11	\$ 368.00	\$ 552.00
GROUP 3: Chapter 46 20-22 years of service	\$480	1 on Medicare	\$ 70.53	\$ 181.35	\$ 128.80	\$ 331.20
		2 on Medicare	\$ 141.05	\$ 362.71	\$ 440.00	\$ 480.00
GROUP 4: Ch 21 & 46 15-19 years of service	\$360	1 on Medicare	\$ 115.86	\$ 136.02	\$ 211.60	\$ 248.40
		2 on Medicare	\$ 231.73	\$ 272.03	\$ 560.00	\$ 360.00
GROUP 5: Ch 21 & 46 10-14 years of service	\$240	1 on Medicare	\$ 161.20	\$ 90.68	\$ 294.40	\$ 165.60
		2 on Medicare	\$ 322.41	\$ 181.35	\$ 680.00	\$ 240.00
GROUP 6: Ch 21 & 46 0-9 years of service	\$120	1 on Medicare	\$ 206.54	\$ 45.34	\$ 377.20	\$ 82.80
		2 on Medicare	\$ 413.08	\$ 90.68	\$ 800.00	\$ 120.00

DENTAL PLANS & RATES Rates Effective July 1, 2020 through June 30, 2021

	Employer Subsidy Monthly Cap	Coverage Level	Delta Dental Standard Plan			Delta Dental Premium Plan		
			Retiree Share (If waiving medical)	County Share	Standard Plan Full Pay Rate	Retiree Share (If waiving medical)	County Share	Premium Plan Full Pay Rate
GROUP 1: Chapter 21: 20+ yrs svc; Chapter 46: 25+ yrs svc	\$600	Single	\$ 7.36	\$ 29.45	\$ 36.81	\$ 31.27	\$ 31.27	\$ 62.54
		2 Adults	\$ 14.71	\$ 58.85	\$ 73.56	\$ 62.53	\$ 62.53	\$ 125.05
		Adult + Child(ren)	\$ 16.02	\$ 64.08	\$ 80.10	\$ 68.10	\$ 68.10	\$ 136.20
		Family	\$ 22.44	\$ 89.77	\$ 112.21	\$ 95.40	\$ 95.40	\$ 190.79
GROUP 2: Chapter 46 23-24 years of service	\$552	Single	\$ 9.57	\$ 27.24	\$ 36.81	\$ 33.77	\$ 28.77	\$ 62.54
		2 Adults	\$ 19.13	\$ 54.43	\$ 73.56	\$ 67.53	\$ 57.52	\$ 125.05
		Adult + Child(ren)	\$ 20.83	\$ 59.27	\$ 80.10	\$ 73.55	\$ 62.65	\$ 136.20
		Family	\$ 29.17	\$ 83.04	\$ 112.21	\$ 103.03	\$ 87.76	\$ 190.79
GROUP 3: Chapter 46 20-22 years of service	\$480	Single	\$ 13.25	\$ 23.56	\$ 36.81	\$ 37.52	\$ 25.02	\$ 62.54
		2 Adults	\$ 26.48	\$ 47.08	\$ 73.56	\$ 75.03	\$ 50.02	\$ 125.05
		Adult + Child(ren)	\$ 28.84	\$ 51.26	\$ 80.10	\$ 81.72	\$ 54.48	\$ 136.20
		Family	\$ 40.40	\$ 71.81	\$ 112.21	\$ 114.47	\$ 76.32	\$ 190.79
GROUP 4: Ch 21 & 46 15-19 years of service	\$360	Single	\$ 19.14	\$ 17.67	\$ 36.81	\$ 43.78	\$ 18.76	\$ 62.54
		2 Adults	\$ 38.25	\$ 35.31	\$ 73.56	\$ 87.54	\$ 37.52	\$ 125.05
		Adult + Child(ren)	\$ 41.65	\$ 38.45	\$ 80.10	\$ 95.34	\$ 40.86	\$ 136.20
		Family	\$ 58.35	\$ 53.86	\$ 112.21	\$ 133.55	\$ 57.24	\$ 190.79
GROUP 5: Ch 21 & 46 10-14 years of service	\$240	Single	\$ 25.03	\$ 11.78	\$ 36.81	\$ 50.03	\$ 12.51	\$ 62.54
		2 Adults	\$ 50.02	\$ 23.54	\$ 73.56	\$ 100.04	\$ 25.01	\$ 125.05
		Adult + Child(ren)	\$ 54.47	\$ 25.63	\$ 80.10	\$ 108.96	\$ 27.24	\$ 136.20
		Family	\$ 76.30	\$ 35.91	\$ 112.21	\$ 152.63	\$ 38.16	\$ 190.79
GROUP 6: Ch 21 & 46 0-9 years of service	\$120	Single	\$ 30.92	\$ 5.89	\$ 36.81	\$ 56.29	\$ 6.25	\$ 62.54
		2 Adults	\$ 61.79	\$ 11.77	\$ 73.56	\$ 112.55	\$ 12.51	\$ 125.05
		Adult + Child(ren)	\$ 67.28	\$ 12.82	\$ 80.10	\$ 122.58	\$ 13.62	\$ 136.20
		Family	\$ 94.26	\$ 17.95	\$ 112.21	\$ 171.71	\$ 19.08	\$ 190.79