

RETIREE MONTHLY PREMIUM RATES – WITH SUBSIDY 2019 PLAN YEAR

****Medical Subsidy Eligibility:** BOCC Retired Employees who have six (6) or more years of consecutive BOCC employment prior to retirement are eligible to receive the Medical Subsidy. If the criteria for the subsidy were not met, the retiree would owe the Total monthly premium cost.

Aetna Select & Aetna POS2 Retiree Medical Premiums	** County Share	**Retiree's Share	Total Cost
Retiree Only - No Medicare	\$440.00	\$440.00	\$880.00
Retiree Only w/Medicare	\$343.60	\$343.60	\$687.20
Spouse Only - No Medicare	\$397.50	\$397.50	\$795.00
Spouse Only w/Medicare	\$301.10	\$301.10	\$602.20
Dependent Only - No Medicare	\$382.50	\$382.50	\$765.00
Dependent Only w/Medicare	\$286.10	\$286.10	\$572.20
Family Only – No Medicare	\$405.00	\$405.00	\$810.00
Family Only w/Medicare	\$308.60	\$308.60	\$617.20
<u>COMBINED PREMIUMS SHOWN BELOW:</u>			
Retiree + Spouse No Medicare	\$837.50	\$837.50	\$1,675.00
Retiree + Spouse w/Medicare	\$644.70	\$644.70	\$1,289.40
Retiree + Dependents-No Medicare	\$822.50	\$822.50	\$1,645.00
Retiree + Dependents w/Medicare	\$629.70	\$629.70	\$1,259.40
Family (includes children & spouse) – No Medicare	\$845.00	\$845.00	\$1,690.00
Family (includes children & sp) – w/Medicare	\$652.20	\$652.20	\$1,304.40

<u>AETNA - DENTAL PREMIUMS</u>	
Retiree Only	\$ 42.00
Spouse and/or Dependents	\$ 35.00
Total Cost for Retiree and Family	\$ 77.00

<u>VSP – VISION PREMIUMS</u>	
Retiree Only – Low Option	\$ 9.43
Retiree + Spouse and/or Dependents – Low Option	\$ 18.38
Retiree Only – High Option	\$ 16.42
Retiree + Spouse and/or Dependents – High Option	\$ 31.36

RETIREE LIFE INSURANCE - \$5,000.00 (limited)	\$ 5.40
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Medical Medicare Premium Rates are calculated on the premium rate of \$96.40, as last approved by the Board of County Commissioners. The Board subsidizes this rate upon proof of enrollment in Medicare Part B, in addition to 50% of the total cost of our medical plan for retirees.