

2016-2017 Medical Insurance Rates Classified Retirees

CAPPED AMOUNT: \$ 9144.07									
<u>12 Month Premium</u>									
	Blue Cross Plan 1 w/A	Blue Cross Plan 1 w/C	Blue Cross Plan 3 w/C	Blue Cross Plan 4 w/C	Blue Cross Plan 6 w/C	Blue Cross Plan 8 w/C	Blue Cross Plan 10 w/C	CVT Bronze Plan	HDHP - 1
Single	\$ 1,043.00	\$ 1,028.00	\$ 948.00	\$ 911.00	\$ 839.00	\$ 761.00	\$ 589.00	\$ 482.00	\$ 714.00
Single + 1	\$ 1,795.00	\$ 1,769.00	\$ 1,630.00	\$ 1,567.00	\$ 1,444.00	\$ 1,309.00	\$ 1,013.00	\$ 830.00	\$ 1,229.00
Single + Fmly	\$ 2,263.00	\$ 2,232.00	\$ 2,056.00	\$ 1,977.00	\$ 1,822.00	\$ 1,651.00	\$ 1,277.00	\$ 1,047.00	\$ 1,550.00
	PPO Wellness	Kaiser Plan 1	Kaiser Plan 4	Kaiser Plan 6	Kaiser Plan 7	Kaiser Plan 8	Delta Dental	Vision Comp Rate	
Single	\$ 862.00	\$ 1,325.00	\$ 1,216.00	\$ 1,229.00	\$ 1,170.00	\$ 1,049.00	\$ 135.83	\$ 32.42	
Single + 1	\$ 1,482.00	\$ 2,277.00	\$ 2,090.00	\$ 2,113.00	\$ 2,012.00	\$ 1,803.00	\$ 135.83	\$ 32.42	
Single + Fmly	\$ 1,869.00	\$ 2,872.00	\$ 2,636.00	\$ 2,666.00	\$ 2,538.00	\$ 2,274.00	\$ 135.83	\$ 32.42	