



# SELF-PAY PREMIUMS

## MEDICAL

### MEDICARE

Retiree \$75.00 per month YES \_\_\_\_\_ NO \_\_\_\_\_  
Spouse \$75.00 per month YES \_\_\_\_\_ NO \_\_\_\_\_  
Children \$75.00 per month YES \_\_\_\_\_ NO \_\_\_\_\_

### NON-MEDICARE

\$205.00 per month YES \_\_\_\_\_ NO \_\_\_\_\_  
\$205.00 per month YES \_\_\_\_\_ NO \_\_\_\_\_  
\$50.00 per month YES \_\_\_\_\_ NO \_\_\_\_\_

Kaiser Participants only: If you are eligible for Medicare and do not enroll in the Senior Advantage Program, your medical premium will be \$150.00 per month per eligible participant.

To All HMO Enrolled Participants Eligible for Medicare: If you assign your Medicare benefits to your HMO, your premium will be reduced. For specific premium rates, please contact the member records department.

## SELF PAY DENTAL

*(Enrollment requirement is for a minimum of 12 months)*

United Concordia \$25.66 per unit per month YES \_\_\_\_\_ NO \_\_\_\_\_  
Denticare \$30.61 per unit per month YES \_\_\_\_\_ NO \_\_\_\_\_  
Fee-For-Service \$41.00 per unit per month YES \_\_\_\_\_ NO \_\_\_\_\_  
United Dental Care of Arizona \$18.41 per unit per month YES \_\_\_\_\_ NO \_\_\_\_\_

The term "unit" is used in reference to the entire family (spouse and eligible dependent children included)

## SELF PAY VISION

*(Effective July 1, 1999)*

Vision Service Plan \$9.96 per unit per month YES \_\_\_\_\_ NO \_\_\_\_\_

The term "unit" is used in reference to the entire family (spouse and eligible dependent children included)

## LIFE INSURANCE CONTINUATION

*(This benefit is only available for those members retiring on or after June 1, 1997)*

Member \$2.95 per month YES \_\_\_\_\_ NO \_\_\_\_\_  
(\$12,000.00 to beneficiary)  
Dependent \$0.41 per month YES \_\_\_\_\_ NO \_\_\_\_\_  
(\$1,500.00 to member)

## SUPPLEMENTAL RETIREE BENEFIT

*(Effective July 1, 1999)*

If you checked "yes" to any of the above, your account balance will be used to offset a portion of your required self-payments to the Welfare Fund for continuation of Medical Coverage. In the event of your death, the benefit will be paid to your named beneficiary or if married, the balance of the account may be used by your surviving spouse to offset a portion of his/her required self-payments.

If you elected not to have welfare coverage, your SRP account will automatically be paid to you when no employer contributions have been made to your account for a period of one-year. Please note that you will receive an IRS Form 1099 at the end of the year in which the distribution is made.