



## SELF-PAY PREMIUMS

MEDICAL – Rates Effective November 1, 2006 – for Retirees on or after June 1, 2001

### Fee-For-Service Plan

- Medicare Retiree Only\* \$ 215.00
- Non-Medicare Retiree Only \$ 587.00
- Spouse/Retiree 1 on Medicare\* \$ 802.00
- Spouse/Retiree both on Medicare\* \$ 430.00
- Spouse/Retiree neither on Medicare \$ 923.00
- Add Dependent Child \$ 165.00 per child

### HMO Plans

- Medicare Retiree Only \$ 187.00
- Non-Medicare Retiree Only \$ 322.00
- Spouse/Retiree 1 on Medicare \$ 479.00
- Spouse/Retiree both on Medicare \$ 364.00
- Spouse/Retiree neither on Medicare \$ 609.00
- Add Dependent Child \$ 165.00 per child

**The HMO rates apply regardless of which HMO is chosen.**

**The Medicare rates apply if you and / or your spouse are eligible for both Medicare Part A & B.**

**\*Once eligible for Medicare Parts A & B, all Fee-For-Service Plan participants must enroll in the Secure Horizons Direct Plan**

### SELF PAY DENTAL - (Enrollment requirement is for a minimum of 12 months)

- |                         |                            |          |         |   |
|-------------------------|----------------------------|----------|---------|---|
| United Concordia        | \$33.30 per unit per month | YES_____ | NO_____ | The term "unit" is used in reference to the entire family (spouse and eligible dependent children included) |
| Health Net Dental       | \$42.24 per unit per month | YES_____ | NO_____ |   |
| Fee-For-Service         | \$41.00 per unit per month | YES_____ | NO_____ |   |
| Assurant Dental *       | \$26.15 per unit per month | YES_____ | NO_____ |   |
| *Formerly Fortis Dental | \$12.57 member only        | YES_____ | NO_____ |   |

### SELF PAY VISION - (Effective July 1, 1999)

- |                 |                           |          |         |   |
|-----------------|---------------------------|----------|---------|---|
| Vision Coverage | \$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    | \$3.12 per month<br>(\$12,000.00 to beneficiary) | YES_____ | NO_____ |
| Dependent | \$0.64 per month<br>(\$1,500.00 to member)       | YES_____ | NO_____ |

### SUPPLEMENTAL RETIREE BENEFIT - (Effective July 1, 1999)

If you checked "yes" to any of the above, your account balance can be used either to offset a portion of your required self-payments to the Welfare Fund for continuation of Medical Coverage, you may apply at a later date for the balance to be used for payment of non-covered medical or dental expenses incurred by the retired employee or you may apply to withdraw your balance once you have twelve consecutive months with no employer contributions. Should you reject the welfare coverage, you may request an application to withdraw your SRP balance from the Trust Fund Office at this time. **Please note that you will receive an IRS Form 1099 at the end of the year in which the distribution is made.**

In the event of your death, any remaining balance will be paid to your named beneficiary.

Apply SRB Account Balance to offset my premium Payments YES\_\_\_\_\_ NO\_\_\_\_\_

Hold SRB Balance to apply towards non-covered medical or dental expenses or withdrawal upon my request YES\_\_\_\_\_ NO\_\_\_\_\_