

EUTF Monthly Retiree Rates
Effective January 1, 2016 through December 31, 2016

Benefit Plan	Type of Enrollment	Premium	Admin Fee	Total Contribution Required¹
<i>MEDICAL PLANS - MEDICARE</i>				
HMSA PPO Medicare	Self	\$211.74	\$0.00	\$211.74
	Two-Party	\$412.60	\$0.00	\$412.60
	Family	\$611.64	\$0.00	\$611.64
UnitedHealthcare (UHC) Medicare Advantage PPO	Self	\$53.06	\$0.00	\$53.06
	Two-Party (both Medicare)	\$106.12	\$0.00	\$106.12
Medicare Prescription Drug	Self	\$205.20	\$0.00	\$205.20
	Two-Party	\$399.58	\$0.00	\$399.58
	Family	\$592.44	\$0.00	\$592.44
Kaiser HMO Medicare Kaiser Prescription Drug	Self	\$418.92	\$0.00	\$418.92
	Two-Party	\$817.12	\$0.00	\$817.12
	Family	\$1,211.14	\$0.00	\$1,211.14
<i>MEDICAL PLANS – NON-MEDICARE</i>				
HMSA PPO Non-Medicare	Self	\$469.86	\$0.00	\$469.86
	Two-Party	\$915.60	\$0.00	\$915.60
	Family	\$1,357.32	\$0.00	\$1,357.32
Non-Medicare Prescription Drug	Self	\$198.10	\$0.00	\$198.10
	Two-Party	\$385.84	\$0.00	\$385.84
	Family	\$572.06	\$0.00	\$572.06
Kaiser HMO Non Medicare Kaiser Prescription Drug	Self	\$688.18	\$0.00	\$688.18
	Two-Party	\$1,393.02	\$0.00	\$1,393.02
	Family	\$2,056.52	\$0.00	\$2,056.52
<i>DENTAL PLAN</i>				
HDS Dental - Retiree	Self	\$36.06	\$0.00	\$36.06
	Two-Party	\$70.32	\$0.00	\$70.32
	Family	\$86.14	\$0.00	\$86.14
<i>VISION PLAN</i>				
VSP Vision - Retiree	Self	\$5.48	\$0.00	\$5.48
	Two-Party	\$10.96	\$0.00	\$10.96
	Family	\$14.70	\$0.00	\$14.70
<i>LIFE INSURANCE</i>				
US Able Life Insurance (Retiree only)	Self	\$4.12	\$0.00	\$4.12

¹ These rates do not include an administrative fee which may be added, ranging from: \$3.76 to \$11.22.