

HSTA VB Monthly Retiree Rates
Effective January 1, 2016 through December 31, 2016

Benefit Plan	Type of Enrollment	Premium	Admin Fee	Total Contribution Required¹
MEDICAL PLANS - MEDICARE				
HSTA VB Retiree - HMSA PPO Medicare Medical, Drug, RSN Chiropractic, VSP Vision	Self	\$419.62	\$0.00	\$419.62
	Two-Party	\$817.88	\$0.00	\$817.88
	Family	\$1,209.74	\$0.00	\$1,209.74
HSTA VB Retiree - Kaiser HMO Medicare Medical, Drug, RSN Chiropractic, VSP Vision	Self	\$432.46	\$0.00	\$432.46
	Two-Party	\$843.96	\$0.00	\$843.96
	Family	\$1,248.16	\$0.00	\$1,248.16
MEDICAL PLANS - NON-MEDICARE				
HSTA VB Retiree - HMSA PPO Non-Medicare Medical, Drug, RSN Chiropractic, VSP Vision	Self	\$682.96	\$0.00	\$682.96
	Two-Party	\$1,330.88	\$0.00	\$1,330.88
	Family	\$1,970.34	\$0.00	\$1,970.34
HSTA VB Retiree - Kaiser HMO Non-Medicare Medical, Drug, RSN Chiropractic, VSP Vision	Self	\$682.56	\$0.00	\$682.56
	Two-Party	\$1,380.76	\$0.00	\$1,380.76
	Family	\$2,035.38	\$0.00	\$2,035.38
DENTAL PLAN				
HDS Dental - Retiree	Self	\$35.84	\$0.00	\$35.84
	Two-Party	\$69.84	\$0.00	\$69.84
	Family	\$85.56	\$0.00	\$85.56
VISION PLAN <i>(Only for retirees enrolled in an out-of-state Kaiser Multi-Site or Sr. Advantage Plan - not a HSTA VEBA 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
LIFE INSURANCE				
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.