Retiree Tiered Insurance Rates 18-19

	Employee Only		EE/Spouse		EE/Kids		Family	
	PPO Plans	with RX (C	onn	exus Netw	ork)	,	-
Cade (1/21200								
Cedar/\$1200	\$	593.50	\$	1,305.68	\$	1,127.65	\$	1,839.87
Dogwood/\$1600 - Non H.S.A.	\$	550.77	\$	1,211.70	\$	1,046.50	S	1,707.45
Evergreen/\$1600 - Requires H.S.A.	\$	494.02	\$	1,086.84	s	938.65		1,531.46
Synerg	y Plans with	RX (Requi	ro U	omo Madi	eal f	Drandalau)		
	•	in (incqui	16 11	ome wear	cai r	rovider)		
							9	
Cedar/\$1200	\$	534.14	\$	1,175.13		1,014.90	\$	1,655.92
Cedar/\$1200 Dogwood/\$1600 - Non H.S.A.	\$							
Cedar/\$1200	\$	534.14	\$	1,175.13	\$	1,014.90	\$	1,655.92 1,536.66 1,378.31

		Vision	Plan					
Pearl Plan/\$400 Benefit	İs	18.82	١٤	41.46	l ċ	35.00	٦	
VSP Choice Plus Plan	Ġ	18.80	Ċ		2	35.80		58.41
	7		DI	41.37	Ş	35.73	\$	58.29
		Dental	Plans					
Dental Plan 1/\$2,200 Benefit	1.6							
	\$	66.09	\$	130.91	\$	145.58	\$	215.59
Dental Plan 6/\$1,200 Benefit	\$	43.63	\$	86.38	\$	87.68	\$	133.94
Willamette Dental	\$	45.53	\$	90.21	Ś	95.98	Ś	144 20

*Evergreen Plan requires Health Savings Account contribution to be made.

If you are a retiree who receives an insurance benefit, you will get the following amounts contributed towards your insurance package (all retiree's except classified):

Employee Only	\$599
Employee/Spouse	\$1,295
Employee/Kids	\$1,153
Family	\$1,854

Classified retirees with a benefit will receive medical insurance paid in full, and we will bill for dental and vision