

**Monthly Premiums for Medicare Eligible Members**  
**Plan Year January 1, 2013 - December 31, 2013**

MEDICARE SUPPLEMENT PLANS				
HealthChoice Employer PDP High Option With Part D		\$316.34 per enrolled person		
HealthChoice Employer PDP Low Option With Part D		\$255.62 per enrolled person		
HealthChoice High Option Without Part D		\$404.56 per enrolled person		
HealthChoice Low Option Without Part D		\$333.86 per enrolled person		
MEDICARE ADVANTAGE PRESCRIPTION DRUG (MA-PD) PLANS				
CommunityCare Senior Health Plan		\$235.00 per enrolled person		
Generations Healthcare		\$205.00 per enrolled person		
DENTAL PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
HealthChoice Dental	\$31.38	\$31.38	\$26.90	\$66.96
Assurant Freedom Preferred	\$28.83	\$28.67	\$21.50	\$57.80
Assurant Heritage Plus with SBA (Prepaid)	\$11.74	\$ 8.86	\$ 7.60	\$15.20
Assurant Heritage Secure (Prepaid)	\$ 7.20	\$ 5.98	\$ 5.20	\$10.38
CIGNA Dental Care Plan (Prepaid)	\$ 9.26	\$ 6.06	\$ 7.08	\$15.32
Delta Dental PPO	\$33.64	\$33.62	\$29.26	\$74.04
Delta Dental Premier	\$40.66	\$40.66	\$35.40	\$89.54
Delta Dental PPO – Choice	\$15.06	\$34.18	\$34.44	\$83.60
VISION PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Humana/CompBenefits VisionCare Plan	\$6.76	\$5.06	\$3.57	\$ 4.46
Primary Vision Care Services (PVCS)	\$9.25	\$8.00	\$8.50	\$10.75
Superior Vision Plan	\$7.14	\$7.10	\$6.72	\$13.80
UnitedHealthcare Vision	\$8.18	\$5.79	\$4.59	\$ 6.98
Vision Service Plan (VSP)	\$8.93	\$5.98	\$5.73	\$12.88
LIFE PLAN*	From \$5,000 to \$40,000		\$1.88 Per \$1,000 Unit	
Age Rated Life – Cost Per \$1,000 from \$41,000 and Up				
< 30 ----- \$0.04	45 - 49 ----- \$0.10		65 - 69 ----- \$0.52	
30 - 34 ----- \$0.04	50 - 54 ----- \$0.18		70 - 74 ----- \$0.88	
35 - 39 ----- \$0.04	55 - 59 ----- \$0.28		75+ ----- \$1.36	
40 - 44 ----- \$0.06	60 - 64 ----- \$0.32			
DEPENDENT LIFE	\$0.94 Per \$500 Unit, Per Dependent			

These rates do not reflect any contribution from your retirement system.

\*Life insurance premiums for surviving dependents can be found on the next page.