

Name:

Effective Date:

Employee #:

**2012 RETIREE NON-MEDICARE
MONTHLY PREMIUM COST WORKSHEET**

MEDICAL PLAN	CORE PLAN	UNITED HEALTHCARE VISION	DENTAL	GAP		
				500	1000	1500
Retiree only	498.00	9.68	33.60	<u>UNDER 55</u>		
Retiree & spouse	1288.00	15.48	67.20	Retiree only	14	17
Retiree & children	921.00	15.84	84.84	Retiree & spouse	26	31
Retiree & family	1856.00	25.48	128.96	Retiree & children	25	28
Spouse only	790.00	9.68	33.60	Retiree & family	37	42
Children only	423.00	9.68	51.24	<u>55-59</u>		
				Retiree only	20	24
				Retiree & spouse	37	43
				Retiree & children	31	35
				Retiree & family	48	54
				<u>60+</u>		
				Retiree only	31	36
				Retiree & spouse	56	65
				Retiree & children	42	47
				Retiree & family	67	76

CALCULATE YOUR PREMIUM

YEARS OF CITY SERVICE

X

_____ \$11* _____

= _____
SERVICE CREDIT

SELECTION
(RETIREE MEDICAL AND DENTAL RATE)

-

_____ SERVICE CREDIT _____

+

SELECTION
(RETIREE VISION AND/OR GAP RATE)

= _____
RETIREE NET RATE

**If City-approved Totally & Permanently Disabled,
Retiree medical and dental portion is reduced by 50%.**

RETIREE NET RATE

+

_____ DEPENDENT RATE _____

= _____
TOTAL MONTHLY PREMIUM

***NOTE: SERVICE CREDITS APPLY TO RETIREE MEDICAL AND DENTAL ONLY**