

2017 Medical Premiums: Retiree Without Medicare

RETIRES HIRED BEFORE JANUARY 9, 2009

2017 Monthly Medical Premiums	Kaiser Permanente HMO		Blue Shield HMO		City Plan PPO	
	City Pays	Retiree Pays	City Pays	Retiree Pays	City Pays	Retiree Pays
Retiree Only	\$1,167.51	0	\$1,659.72	\$73.70	\$1,043.70	\$98.78
Retiree +1 Dependent with no Medicare	\$1,456.59	\$289.08	\$2,048.51	\$462.50	\$1,593.07	\$648.15
Retiree +2 or More Dependents with no Medicare	\$1,456.59	\$768.95	\$2,048.51	\$1,083.17	\$1,593.07	\$1,426.75
Retiree +1 Dependent with Medicare Part B Only	\$1,339.88	\$172.36	\$1,983.43	\$397.42	\$1,367.41	\$422.50
Retiree +1 Dependent with Medicare Part A and Part B	\$1,339.88	\$172.36	\$1,822.12	\$236.10	\$1,206.10	\$261.18
Retiree +1 Dependent with Medicare Part B Only +1 or more Deps	\$1,339.88	\$652.23	\$1,983.43	\$1,018.09	\$1,367.41	\$1,201.10
Retiree +1 Dependent with Medicare Part A and B +1 or more Dependents	\$1,339.88	\$652.23	\$1,822.12	\$856.77	\$1,206.10	\$1,039.78

RETIRES HIRED AFTER JANUARY 9, 2009 WITH MORE THAN 5 AND LESS THAN 10 YEARS OF SERVICE

2017 Monthly Medical Premiums	Kaiser Permanente HMO		Blue Shield HMO		City Plan PPO	
	City Pays	Retiree Pays	City Pays	Retiree Pays	City Pays	Retiree Pays
Retiree Only	0	\$1,167.51	0	\$1,733.42	0	\$1,142.48
Retiree +1 Dependent with no Medicare	0	\$1,745.67	0	\$2,511.01	0	\$2,241.22
Retiree +2 or More Dependents with no Medicare	0	\$2,225.54	0	\$3,131.68	0	\$3,019.82
Retiree +1 Dependent with Medicare Part B Only	0	\$1,512.24	0	\$2,380.85	0	\$1,789.91
Retiree +1 Dependent with Medicare Part A and Part B	0	\$1,512.24	0	\$2,058.22	0	\$1,467.28
Retiree +1 Dependent with Medicare Part B Only +1 or more Deps	0	\$1,992.11	0	\$3,001.52	0	\$2,568.51
Retiree +1 Dependent with Medicare Part A and B +1 or more Dependents	0	\$1,992.11	0	\$2,678.89	0	\$2,245.88

2017 Medical Premiums: Retiree With Medicare Part A and Part B

RETIREES HIRED BEFORE JANUARY 9, 2009

2017 Monthly Medical Premiums	Kaiser Permanente HMO		New City Plan PPO		New City Plan with Non Medicare Dependents in Blue Shield *	
	City Pays	Retiree Pays	City Pays	Retiree Pays	City Pays	Retiree Pays
Retiree Only	\$349.11	0	\$329.18	0		
Retiree +1 Dependent with no Medicare	\$638.19	\$289.08	\$878.55	\$549.37	717.97	388.80
Retiree +2 or More Dependents with no Medicare	\$638.19	\$768.95	\$878.55	\$1,327.97	717.97	1,009.47
Retiree +1 Dependent with Medicare Part B Only	\$521.48	\$172.36	\$652.89	\$323.72		
Retiree +1 Dependent with Medicare Part A and Part B	\$521.48	\$172.36	\$491.58	\$162.40		
Retiree +1 Dependent with Medicare Part B Only +1 or more Deps	\$521.48	\$652.23	\$652.89	\$1,102.32	652.89	944.39
Retiree +1 Dependent with Medicare Part A and B +1 or more Dependents	\$521.48	\$652.23	\$491.58	\$941.00	491.58	783.07

2017 Medical Premiums: Retiree With Medicare Part B Only

RETIREES HIRED BEFORE JANUARY 9, 2009

2017 Monthly Medical Premiums	Kaiser Permanente HMO		New City Plan PPO		New City Plan with Non Medicare Dependents in Blue Shield *	
	City Pays	Retiree Pays	City Pays	Retiree Pays	City Pays	Retiree Pays
Retiree Only	\$349.11	0	628.33	23.48		
Retiree +1 Dependent with no Medicare	\$638.19	\$289.08	1,177.70	572.85	1,017.12	412.28
Retiree +2 or More Dependents with no Medicare	\$638.19	\$768.95	1,177.70	1,351.45	1,017.12	1,032.95
Retiree +1 Dependent with Medicare Part B Only	\$521.48	\$172.36	952.04	347.20		
Retiree +1 Dependent with Medicare Part A and Part B	\$521.48	\$172.36	790.73	185.88		
Retiree +1 Dependent with Medicare Part B Only +1 or more Deps	\$521.48	\$652.23	952.04	1,125.80	952.04	967.87
Retiree +1 Dependent with Medicare Part A and B +1 or more Dependents	\$521.48	\$652.23	790.73	964.48	790.73	806.55

* These are the rates for Retirees with Medicare who are transferring to the New City Plan from Blue Shield 65+ and have dependents not yet eligible for Medicare.

2017 Medical Premiums: Retirees With Medicare Part B Only

RETIREES HIRED BEFORE JANUARY 9, 2009

2017 Monthly Medical Premiums	Kaiser Permanente HMO		New City Plan PPO	
	City Pays	Retiree Pays	City Pays	Retiree Pays
Retiree Only	\$349.11	0	\$628.33	\$23.48
Retiree +1 Dependent with no Medicare	\$638.19	\$289.08	\$1,177.70	\$572.85
Retiree +2 or More Dependents with no Medicare	\$638.19	\$768.95	\$1,177.70	\$1,351.45
Retiree +1 Dependent with Medicare Part B Only	\$521.48	\$172.36	\$952.04	\$347.20
Retiree +1 Dependent with Medicare Part A and Part B	\$521.48	\$172.36	\$790.73	\$185.88
Retiree +1 Dependent with Medicare Part B Only +1 or more Deps	\$521.48	\$652.23	\$952.04	\$1,125.80
Retiree +1 Dependent with Medicare Part A and B +1 or more Dependents	\$521.48	\$652.23	\$790.73	\$964.48

RETIREES HIRED AFTER JANUARY 9, 2009 WITH MORE THAN 5 AND LESS THAN 10 YEARS OF SERVICE

2017 Monthly Medical Premiums	Kaiser Permanente HMO		New City Plan PPO	
	City Pays	Retiree Pays	City Pays	Retiree Pays
Retiree Only	0	\$349.11	0	\$651.81
Retiree +1 Dependent with no Medicare	0	\$927.27	0	\$1,750.55
Retiree +2 or More Dependents with no Medicare	0	\$1,407.14	0	\$2,529.15
Retiree +1 Dependent with Medicare Part B Only	0	\$693.84	0	\$1,299.24
Retiree +1 Dependent with Medicare Part A and Part B	0	\$693.84	0	\$976.61
Retiree +1 Dependent with Medicare Part B Only +1 or more Deps	0	\$1,173.71	0	\$2,077.84
Retiree +1 Dependent with Medicare Part A and B +1 or more Dependents	0	\$1,173.71	0	\$1,755.21

2017 Medical Premiums: Surviving Spouse or Domestic Partner

NON-MEDICARE SURVIVORS OF RETIREES HIRED BEFORE JANUARY 9, 2009

2017 Monthly Medical Premiums	Kaiser Permanente HMO		Blue Shield HMO		City Plan PPO	
	City Pays	Retiree Pays	City Pays	Retiree Pays	City Pays	Retiree Pays
Survivor Only	\$1,167.51	0	\$1,659.72	\$73.70	\$1,043.70	\$98.78
Survivor +1 Dependent with no Medicare	\$1,456.59	\$289.08	\$2,048.51	\$462.50	\$1,593.07	\$648.15
Survivor +2 or More Dependents with no Medicare	\$1,456.59	\$768.95	\$2,048.51	\$1,083.17	\$1,593.07	\$1,426.75

MEDICARE SURVIVORS OF RETIREES HIRED BEFORE JANUARY 9, 2009

2017 Monthly Medical Premiums	Kaiser Permanente HMO		New City Plan PPO	
	City Pays	Retiree Pays	City Pays	Retiree Pays
Survivor Only	\$349.11	0	\$329.18	0
Survivor +1 Dependent with no Medicare	\$638.19	\$289.08	\$878.55	\$549.37
Survivor +2 or More Dependents with no Medicare	\$638.19	\$768.95	\$878.55	\$1,327.97

2017 Dental Premiums: All Retirees

2017 Monthly Medical Premiums	Delta Dental PPO		DeltaCare USA DMO		UnitedHealthcare Dental DMO	
	City Pays	Retiree Pays	City Pays	Retiree Pays	City Pays	Retiree Pays
Retiree	0	\$42.94	0	\$32.85	0	\$16.47
Retiree +1 Dependent	0	\$85.42	0	\$54.21	0	\$27.20
Retiree +2 or More Dependents	0	\$127.49	0	\$80.19	0	\$40.22

Required retiree premium contributions, if any, will be deducted from the member's monthly pension check. If the pension check does not fully cover premium payments, the member must contact HSS to make payment arrangements.