

# 2009 Plan Costs for UC Retirees

To use this chart: (1) On the lefthand column, find your basic coverage level: Self, Self + Child(ren), Self + Adult; Self + Family (Self + Family means self, adult, and one or more children); (2) Find the line that corresponds with you/your family's Medicare/non-Medicare enrollment; (3) Move across the page to find the cost for each plan shown across the top of the chart.

COVERAGE LEVELS	Anthem Blue Cross PLUS	Anthem Blue Cross PPO	Core	Health Net (Seniority Plus)	High Option Supplement to Medicare	Kaiser—CA (Senior Advantage)	Western Health Advantage (WHA Care+)
	POS	PPO	Fee-for-Service	HMO	Fee-for-Service	HMO	HMO
<b>Self—Non-Medicare</b>	\$ 58.70	\$ 54.94	\$ 0.00	\$ 45.36	\$ Not Applicable	\$ 33.90	\$ 33.90
<b>Self—In Medicare</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Part B Reimbursement	73.92	88.67	96.40	96.40	28.56	96.40	65.72
<b>Self + Child(ren)—Non-Medicare</b>	105.65	98.88	0.00	81.64	Not Applicable	60.41	60.41
<b>Self + 2 or more Children— All in Medicare</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Part B Reimbursement	142.20	186.45	289.20	289.20	9.12	289.20	158.36
<b>Self + Child(ren)—Adult in Medicare, Child(ren) not in Medicare</b>	0.00	0.00	0.00	0.00	Not Applicable	0.00	0.00
Part B Reimbursement	26.97	44.73	96.40	96.40		96.40	39.21
<b>Self + Adult—Non-Medicare</b>	164.17	156.28	0.00	136.16	Not Applicable	74.72	74.72
<b>Self + Adult—1 in Medicare</b>	31.55	12.67	0.00	0.00	Not Applicable	0.00	0.00
Part B Reimbursement	0.00	0.00	96.40	49.13		96.40	24.90
<b>Self + Adult/Child—Both in Medicare</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Part B Reimbursement	145.59	175.09	192.80	192.80	56.87	192.80	163.54
<b>Self + Family—Non-Medicare</b>	211.14	200.23	0.00	172.45	Not Applicable	101.48	101.48
<b>Self + Family—Both adults in Medicare; all children non-Medicare</b>	0.00	0.00	0.00	0.00	Not Applicable	0.00	0.00
Part B Reimbursement	98.62	131.14	192.80	192.80		192.80	136.78
<b>Self + Family—Both adults in Medicare; 1 or more child(ren) in Medicare</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Part B Reimbursement	142.20	186.45	289.20	289.20	9.12	289.20	158.36
<b>Self + Family—1 in Medicare</b>	78.52	56.62	0.00	0.00	Not Applicable	0.00	0.00
Part B Reimbursement	0.00	0.00	96.40	12.84		76.69	0.00

**Part B Reimbursement, if any, is based on the 2009 Medicare Part B premium of \$96.40 per person.**

## Medicare Part B Reimbursement

Medicare Part B Reimbursement may apply if plan cost is \$0.00. Reimbursements vary. See "Options and Costs for 2009" on your Open Enrollment Statement for the Medicare plans available to you and any Part B reimbursement.

## Your Monthly Plan Cost

The monthly costs shown above are based on 100% of the maximum UC/employer contribution toward the premium for each plan. If you are eligible for less than 100% of the maximum UC/employer contribution, your costs may be higher. Your plan cost appears as a deduction on your benefit check stub or direct deposit statement.

	Dental Plan Costs		Legal Plan Costs
	Delta	DeltaCare USA	
Self	\$ 0.00	\$0.00	\$10.02
Self + Child(ren)	0.00	0.00	\$13.78
Self + Adult	0.00	0.00	\$13.78
Self + Family	0.00	0.00	\$15.03