## RETIREE MONTHLY RATES
### UNITED HEALTH CARE MEDICAL Group # 704471

### Tobacco Users

**Low HMO**
- Retiree Only: $540.00
- Retiree + Child(ren): $896.00
- Retiree + Spouse/* (DP): $1,013.00
- Retiree + Full Family: $1,283.00

**High HMO**
- Retiree Only: $630.00
- Retiree + Child(ren): $1,080.00
- Retiree + Spouse/* (DP): $1,200.00
- Retiree + Full Family: $1,540.00

**CDHP Medical**
- Retiree Only: $430.00
- Retiree + Child(ren): $786.00
- Retiree + Spouse/* (DP): $868.00
- Retiree + Full Family: $1,142.00

*DP = Domestic Partner

### DENTAL INSURANCE PLAN HUMANA - Group # 830206

**Option 1**
- PBCSD DHMO
  - Retiree Only: $14.40
  - Retiree + Child(ren): $30.60
- Enhanced
  - Retiree + Spouse/* (DP): $25.20
  - Retiree + Full Family: $39.60

**Option 2**
- PBCSD DHMO
  - Retiree Only: $10.94
  - Retiree + Child(ren): $23.40
- Basic
  - Retiree + Spouse/* (DP): $19.03
  - Retiree + Full Family: $29.96

**Option 3**
- PPO High
  - Retiree Only: $31.96
  - Retiree + Child(ren): $87.89
  - Retiree + Spouse/* (DP): $78.31
  - Retiree + Full Family: $118.27

**Option 4**
- PPO Low
  - Retiree Only: $25.20
  - Retiree + Child(ren): $69.30
  - Retiree + Spouse/* (DP): $61.74
  - Retiree + Full Family: $93.25

*DP = Domestic Partner

### VISION PLAN EYE MED Group # 9705435

**Eye Med**
- Retiree Only: $5.45
- Retiree + Full Family: $14.00

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Plan Years 2020-2021

Revised 10/2020