

**MEDICARE PLANS / OUTSIDE CALIFORNIA SERVICE AREAS**  
**RETIREE 2009 MONTHLY RATES**

*This rate schedule applies ONLY if you or a dependent is 65+ and all enrollees 65 or older on your plan are receiving Medicare A & B. If this does not apply to you and you wish to learn about your options without Medicare A & B, contact the Employee Benefits Operations Office at (619) 725-8130.*

Enrollees receiving part A and B benefits will be enrolled in the Medicare plan except where noted.	PACIFICARE SENIOR SUPPLEMENT
One person, over 65 with Medicare A & B	411.84
Two people, both with Medicare A & B	814.40
Two people, 1 with Medicare A & B, 1 under 65:	
One under 65 in PPO plan	1,256.27
One under 65 in OOA plan	1,325.60
Family rate with two over 65, both with Medicare A & B:	
Dependent child in PPO plan	1,571.43
Dependent child in OOA plan	1,640.76
Family rate with one over 65 with Medicare A & B and all others < 65:	
Under 65 in PPO plan	2,085.11
Under 65 in OOA plan	2,234.18

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