

MEDICARE PLANS / IN CALIFORNIA SERVICE AREAS
RETIREES 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.	KAISER SENIOR ADVANTAGE	PACIFICARE SENIOR SUPPLEMENT	SECURE HORIZONS
One person, 65+ with Medicare A & B	343.76	411.84	345.61
Two people, 65+ both with Medicare A & B	678.27	814.40	681.97
Two people, 1 with Medicare A & B, 1 under 65:			
One under 65 in HMO plan	715.72	834.60	849.67
One under 65 in POS plan	---	926.44	---
Family rate with two over 65, both with Medicare A & B			
Dependent child in HMO plan	1,050.23	1,237.18	1,113.99
Dependent child in POS plan	---	1,329.01	---
Family rate with one over 65 with Medicare A & B and all others < 65			
Under 65 in HMO plan	1,087.71	1,255.06	1,188.84
Under 65 in POS plan	---	1,425.91	---

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