

2009 Medicare Rate Comparison

This is a summary of benefits only for general comparison. Any errors or omissions are purely unintentional. Should any discrepancies be found between this handbook and the plan document, the information in the plan document shall prevail.

Medical & Prescription Drug Monthly Premium Rates

RETIREMENT HEALTH INSURANCE ACCOUNT (RHIA) CONTRIBUTION PREMIUM RATES (applies to all health plans) (RHIA) contribution. More information on the RHIA contribution and eligibility can be found on page 14 of this handbook.
The monthly premiums shown below are AFTER the \$60 Retirement Health Insurance Account

| | ODS Supplement Plan | Clear Choice Health Plans | Kaiser Permanente | ODS Advantage PPO | Providence Medicare Choice | Providence Medicare Extra |
|--|---------------------|---------------------------|-------------------|-------------------|----------------------------|---------------------------|
| RETIREE with MEDICARE | \$150.95 | \$142.45 | \$144.42 | \$119.19 | \$87.95 | \$117.95 |
| RETIREE with MEDICARE, FAMILY with MEDICARE | \$349.00 | \$342.90 | \$346.84 | \$295.78 | \$234.07 | \$294.16 |
| RETIREE with MEDICARE, FAMILY without MEDICARE | \$872.74 | \$906.15 | \$715.33 | \$831.74 | \$688.73 | \$718.73 |

NON-CONTRIBUTION PREMIUM RATES (applies to all health plans) Insurance Premium Account (RHIPA). More information on RHIA and RHIPA contributions and eligibility can be found on pages 14-15 of this handbook.
The monthly premiums shown below are WITHOUT contribution from RHIA or Retiree Health

| | ODS Supplement Plan | Clear Choice Health Plans | Kaiser Permanente | ODS Advantage PPO | Providence Medicare Choice | Providence Medicare Extra |
|--|---------------------|---------------------------|-------------------|-------------------|----------------------------|---------------------------|
| RETIREE with MEDICARE | \$210.95 | \$202.45 | \$204.42 | \$179.19 | \$147.95 | \$177.95 |
| RETIREE with MEDICARE, FAMILY with MEDICARE | \$409.00 | \$402.90 | \$406.84 | \$355.78 | \$294.07 | \$354.16 |
| RETIREE with MEDICARE, FAMILY without MEDICARE | \$932.74 | \$966.15 | \$775.33 | \$891.74 | \$748.73 | \$778.73 |

Dental Monthly Premium Rates

| See benefit comparison for more detailed benefit information | ODS | Kaiser Permanente |
|--|----------|-------------------|
| RETIREE only | \$50.80 | \$50.62 |
| RETIREE and FAMILY | \$101.54 | \$94.20 |

2009 Premium Worksheet

Please note:

- Monthly premium payments for Part B Medicare coverage is automatically deducted from your monthly Social Security payment.
- Monthly premium payments for Part D Medicare coverage are included in the monthly premium rates listed in this handbook.

Coverage is for myself and Dependents: _____

Circle one below:

Retiree is eligible for: **Medicare** **Non-Medicare**

Spouse and/or dependents are eligible for: **Medicare** **Non-Medicare**

Medical Plan: _____

Medical Monthly Premium: _____

Dental Plan: _____

Dental Monthly Premium: _____

Premium Total: _____