

CITY OF REEDLEY
THE HARTFORD & Blue Shield & KAISER MONTHLY PREMIUM RATES
RETIREE CONTRIBUTIONS & CITY CONTRIBUTIONS
EFFECTIVE JANUARY 1, 2018

Tier I - Retirees over age 65 (Hartford)				
Including Tier II Grandfathered Retirees Who Retired by 12/31/2016				
Spouse/Domestic Partner & Eligible Dependent Children under 65				
Total Cost	Retiree Only	Retiree + 1 under 65 dependent	Retiree + 2 under 65 dependents	Retiree + 3 or more under 65 dependents
Hartford and Blue Shield PPO	\$324.34	\$903.70	\$1,541.73	\$2,060.90
Hartford and Blue Shield HMO	\$324.34	\$929.71	\$1,589.02	\$2,128.45
Hartford and Kaiser	\$324.34	\$1,041.32	\$1,752.31	\$2,178.90
City's Contribution	Retiree Only	Retiree + 1 under 65 dependent	Retiree + 2 under 65 dependents	Retiree + 3 or more under 65 dependents
\$500 cap for non-Medicare dependents	\$324.34	\$824.34	\$824.34	\$824.34
Retiree Contribution	Retiree Only	Retiree + 1 under 65 dependent	Retiree + 2 under 65 dependents	Retiree + 3 or more under 65 dependents
Hartford and Blue Shield PPO	\$0.00	\$79.36	\$717.39	\$1,236.56
Hartford and Blue Shield HMO	\$0.00	\$105.37	\$764.68	\$1,304.11
Hartford and Kaiser	\$0.00	\$216.98	\$927.97	\$1,354.56

Tier I - Retirees over age 65 (Hartford)					
Including Tier II Grandfathered Retirees Who Retired by 12/31/2016					
Spouse/Domestic Partner over age 65 & Eligible Dependent Children under 65					
Total Cost	Retiree Only	Retiree + Spouse over 65	Retiree + Spouse over 65 & 1 Child under 65	Retiree + Spouse over 65 & 2 Children under 65	Retiree + Spouse over 65 & 3 or more Children under 65
Hartford and Blue Shield PPO	\$324.34	\$648.68	\$1,228.04	\$1,866.07	\$2,385.24
Hartford and Blue Shield HMO	\$324.34	\$648.68	\$1,254.05	\$1,913.36	\$2,452.79
Hartford and Kaiser	\$324.34	\$648.68	\$1,365.66	\$2,076.65	\$2,503.24
City's Contribution	Retiree Only	Retiree + Spouse over 65	Retiree + Spouse over 65 & 1 Child under 65	Retiree + Spouse over 65 & 2 Children under 65	Retiree + Spouse over 65 & 3 or more Children under 65
\$500 cap for non-Medicare dependents	\$324.34	\$648.68	\$1,148.68	\$1,148.68	\$1,148.68
Retiree Contribution	Retiree Only	Retiree + Spouse over 65	Retiree + Spouse over 65 & 1 Child under 65	Retiree + Spouse over 65 & 2 Children under 65	Retiree + Spouse over 65 & 3 or more Children under 65
Blue Shield PPO	\$0.00	\$0.00	\$79.36	\$717.39	\$1,236.56
Blue Shield HMO	\$0.00	\$0.00	\$105.37	\$764.68	\$1,304.11
Kaiser	\$0.00	\$0.00	\$216.98	\$927.97	\$1,354.56

Please note: The Hartford Medicare premium for anyone under age 65 is \$363.49 per month. If you or your spouse are under 65 and are eligible for Medicare A & B, you will have to contribute \$39.15 per month per person for the Medicare premium. The City's maximum contribution is \$324.34 towards the Hartford Medicare premium.

Freedom of Choice
Spouse/Domestic Partner Only

Retiree Contribution	Retiree Only	Retiree + Spouse over 65	Retiree + 2 under 65 dependents	Retiree + 2 under 65 dependents	Retiree + 3 or more under 65 dependents
Freedom of Choice	\$314.34	\$628.68	N/A	N/A	N/A