

STATE HEALTH BENEFIT PLAN					
MONTHLY PREMIUM RATES FOR MEDICARE ELIGIBLE RETIREES*					
PLAN YEAR 2011					
	Non MA Option Rates (No State Contribution if > 65)			Medicare Advantage Option Rates	
	HMO	HRA	HDHP	Premium MA	Standard MA
<u>You</u>					
You > 65 with or without Part B	\$1,118.02	\$1,128.38	\$1,112.62	NA	NA
You with Part B	-	-	-	\$65.23	\$21.23
<u>You + Spouse</u>					
You + Spouse 1 < 65 & 1 > 65 with or without Part B	\$1,228.24	\$1,197.14	\$1,172.46	NA	NA
You + Spouse both > 65 both without Part B or 1 with and 1 without Part B	\$2,236.03	\$2,256.77	\$2,225.23	NA	NA
You + spouse both with Part B	-	-	-	\$130.46	\$42.46
<u>You + Child(ren)</u>					
You > 65 with or without Part B & at least 1 Child with or without Part B	\$1,272.07	\$1,274.79	\$1,251.80	NA	NA
You < 65 + Child(ren) All with or without Part B	\$264.27	\$215.16	\$199.02	NA	NA
You + Child(ren) All with Part B	-	-	-	\$130.46	\$42.46
<u>You + Family **</u>					
You + Spouse 1 < 65 & 1 > 65 with or without Part B + Child(ren) with or without Part B	\$1,292.74	\$1,287.91	\$1,263.64	NA	NA
You + Spouse both > 65 with or without Part B + Child(ren) with or without Part B	\$2,260.82	\$2,274.95	\$2,241.94	NA	NA
You + Spouse both < 65 with or without Part B + Child(ren) with or without Part B	\$284.94	\$228.28	\$210.86	NA	NA
You + Spouse + Child(ren) All with Part B	-	-	-	\$195.69	\$63.69

*If you are paying direct, your monthly payment will be \$5 more than what is shown.

** Family = You + Spouse + Child(ren)