STATE HEALTH BENEFIT PLAN								
2009 MONTHLY RETIREE CONTRIBUTIONS								
	Retirees	PPO CIGNA/ UHC	HMO CIGNA/ UHC	HRA CIGNA/ UHC	HDHP CIGNA/ UHC	MA PFFS-PD CIGNA/ UHC	Kaiser HMO	Kaiser Senior Advantage
SINGLE								
10	W/O MDCR	86.10	91.10	56.92	49.50	0.00	93.90	0.00
11	Full Medicare	32.90	37.80	13.46	1.70	17.50	41.30	18.20
12	No Medicare	190.50	195.40	146.12	147.62	0.00	201.80	0.00
14	Part A Only	267.00	271.90	210.52	218.46	0.00	279.70	0.00
15	Part B Only	161.00	166.00	121.32	120.34	0.00	171.80	0.00
16	Part A & B ONLY	147.60	152.60	110.06	107.96	0.00	158.20	0.00
17	Part A & D ONLY	152.20	157.20	113.92	112.20	0.00	162.80	0.00
18	Part B & D ONLY	46.30	51.20	24.72	14.08	0.00	54.90	0.00
FAMILY								
04	1 Spouse under 65& 1 with Part A ONLY	440.50	401.50	327.34	329.56	0.00	415.70	0.00
05	1 Spouse under 65& 1 with Part B ONLY	334.50	295.60	238.14	231.44	0.00	307.80	0.00
06	1 Spouse under 65& 1 with Part A & B ONLY	321.10	282.20	226.88	219.06	0.00	294.20	0.00
07	1 Spouse under 65& 1 with Part A & D ONLY	325.70	286.80	230.74	223.30	0.00	298.80	0.00
08	1 Spouse under 65& 1 with Part B & D ONLY	219.70	180.80	141.54	125.18	0.00	190.90	0.00
20	Family	256.90	218.20	173.74	160.60	0.00	224.00	0.00
21	Both with full Medicare	142.40	103.50	76.42	53.56	35.00	112.10	36.30
22	Both over 65, 1 no Medicare, 1 full Medicare	312.30	273.40	219.48	210.92	168.00	285.20	220.00
24	Both over 65 with no Medicare	469.90	431.00	352.14	356.84	0.00	445.70	0.00
25	1 Spouse under 65 no Med & 1 with full Med	203.60	164.80	130.28	112.80	76.10	170.40	112.00
26	1 Spouse under 65 no Med & 1 No Med over 65	364.00	325.00	262.94	258.72	0.00	337.80	0.00
41	1 Spouse Part A ONLY & 1 with full Medicare	388.80	349.90	283.88	281.76	0.00	363.10	0.00
42	1 Spouse Part A ONLY & 1 with NO Medicare	546.40	507.50	416.54	427.68	0.00	523.60	0.00
44	Both with Part A ONLY	622.90	584.00	480.94	498.52	0.00	601.60	0.00
45	1 Spouse Part A ONLY & 1 with Part B ONLY	517.00	478.10	391.74	400.40	0.00	493.60	0.00
46	1 Spouse Part A ONLY & 1 with Part A&B ONLY	503.60	464.70	380.48	388.02	0.00	480.00	0.00

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47	1 Spouse Part A ONLY & 1 with Part A&D ONLY	508.20	469.30	384.34	392.26	0.00	484.70	0.00
48	1 Spouse Part A ONLY & 1 with Part B&D ONLY	402.20	363.30	295.14	294.14	0.00	376.80	0.00
51	1 Spouse Part B ONLY & 1 with full Medicare	282.90	243.90	194.68	183.64	0.00	255.20	0.00
52	1 Spouse Part B ONLY & 1 with NO Medicare	440.50	401.50	327.34	329.56	0.00	415.70	0.00
55	Both with Part B ONLY	411.00	372.10	302.54	302.28	0.00	385.70	0.00
56	1 Spouse Part B ONLY & 1 with Part A&B ONLY	397.60	358.70	291.28	289.90	0.00	372.10	0.00
57	1 Spouse Part B ONLY & 1 with Part A&D ONLY	402.20	363.30	295.14	294.14	0.00	376.80	0.00
58	1 Spouse Part B ONLY & 1 with Part B&D ONLY	296.20	257.30	205.94	196.02	0.00	268.80	0.00
61	1 Spouse Part A&B ONLY & 1 with full Medicare	257.10	218.20	173.02	159.82	0.00	229.00	0.00
62	1 Spouse Part A&B ONLY & 1 with NO Medicare	427.10	388.20	316.08	317.18	0.00	402.10	0.00
66	Both with Part A&B ONLY	371.90	333.00	269.62	266.08	0.00	345.90	0.00
67	1 Spouse Part A&B ONLY & 1 with Part A&D ONLY	388.80	349.90	283.88	281.76	0.00	363.10	0.00
68	1 Spouse Part A&B ONLY & 1 with Part B&D ONLY	282.90	243.90	194.68	183.64	0.00	255.20	0.00
71	1 Spouse Part A&D ONLY & 1 with full Medicare	274.10	235.10	187.28	175.50	0.00	246.20	0.00
72	1 Spouse Part A&D ONLY & 1 with NO Medicare	431.70	392.80	319.94	321.42	0.00	406.80	0.00
77	Both with Part A&D ONLY	393.40	354.50	287.74	286.00	0.00	367.80	0.00
78	1 Spouse Part A&D ONLY & 1 with Part B&D ONLY	287.50	248.50	198.54	187.88	0.00	259.90	0.00
81	1 Spouse Part B&D ONLY & 1 with full Medicare	168.10	129.20	98.08	77.38	0.00	138.30	0.00
82	1 Spouse Part B&D ONLY & 1 with NO Medicare	325.70	286.80	230.74	223.30	0.00	298.80	0.00
88	Both with Part B&D ONLY	181.50	142.60	109.34	89.76	0.00	151.90	0.00