

2005 Plan Costs for UC California Retirees

To use this chart: (1) On the lefthand column, find your basic coverage level: Self, Self + Child(ren), Self + Adult; Self + Family (Self + Family means self, adult, and one or more children)

(2) Find the line that corresponds with you/your family's Medicare/non-Medicare enrollment.

(3) Move across the page to find the cost for each plan shown across the top of the chart.

MEDICAL PLANS

COVERAGE LEVELS	Blue Cross PLUS	Blue Cross PPO	UnitedHealthcare Select EPO**	Core—CA	Health Net (Seniority Plus)	High Option	Kaiser—CA (Senior Advantage)	PacifiCare —CA (Secure Horizons)	PacifiCare —NV (Secure Horizons)	Western Health Advantage (WHA Care+)**
	POS	PPO	EPO	Fee-for-Service	HMO	Fee-for-Service	HMO	HMO	HMO	HMO
Self—Non-Medicare	\$ 69.49	\$ 99.21	\$ 76.84	\$ 0.00	\$ 25.27	\$ 1,472.63	\$ 12.79	\$ 26.39	\$ 166.68	\$ 13.04
Self—In Medicare	0.00	0.00	0.00	0.00	0.00	3.10	0.00	0.00	0.00	0.00
Part B Reimbursement	34.41	78.20	78.20	78.20	42.01	0.00	58.13	11.83	78.20	78.20
Self + Child(ren)—Non-Medicare	125.10	178.59	138.31	0.00	45.49	2,215.93	23.02	47.51	300.01	23.47
Self + 2 or more Children— All in Medicare	0.00	0.00	0.00	0.00	0.00	71.53	0.00	37.72	0.00	0.00
Part B Reimbursement	58.71	234.60	227.75	234.60	85.99	0.00	143.35	0.00	234.60	212.85
Self + Child(ren)—Adult in Medicare, Child(ren) not in Medicare	21.20	0.00	0.00	0.00	0.00	209.58	0.00	9.29	0.00	0.00
Part B Reimbursement	0.00	42.78	32.29	78.20	21.79	0.00	47.90	0.00	7.08	72.41
Self + Adult—Non-Medicare	159.09	221.49	188.67	0.00	66.21	2,749.74	32.43	68.57	377.33	36.80
Self + Adult—1 in Medicare	55.19	0.12	18.07	0.00	0.00	485.05	0.00	30.35	70.24	0.00
Part B Reimbursement	0.00	0.00	0.00	78.20	1.07	0.00	38.49	0.00	0.00	59.08
Self + Adult/Child—Both in Medicare	0.00	0.00	0.00	0.00	0.00	9.05	0.00	0.00	0.00	0.00
Part B Reimbursement	87.02	156.40	156.40	156.40	97.77	0.00	136.22	3.47	156.40	156.40
Self + Family—Non-Medicare	214.68	300.87	250.15	0.00	86.43	3,494.05	42.60	89.69	510.67	45.82
Self + Family—Both adults in Medicare; all children non-Medicare	26.20	0.00	0.00	0.00	0.00	237.53	0.00	17.65	18.71	0.00
Part B Reimbursement	0.00	156.40	108.12	156.40	77.55	0.00	126.05	0.00	0.00	156.40
Self + Family—Both adults in Medicare; 1 or more child(ren) in Medicare	0.00	0.00	0.00	0.00	0.00	71.53	0.00	37.72	0.00	0.00
Part B Reimbursement	58.71	234.60	227.75	234.60	85.99	0.00	143.35	0.00	234.60	212.85
Self + Family—1 in Medicare	110.78	79.50	79.55	0.00	19.15	699.53	0.00	51.47	203.58	0.00
Part B Reimbursement	0.00	0.00	0.00	78.20	0.00	0.00	28.32	0.00	0.00	50.06

Part B Reimbursement, if any, is based on the 2005 Medicare Part B premium of \$78.20 per person.

** For UHC Select EPO, California retirees living in UHC's service areas in New Mexico, Nevada, Washington D.C., Maryland or Virginia are eligible

*** WHA Care+ is available only in Sacramento and Yolo counties, and parts of Solano and Placer counties.

Your Monthly Plan Cost

The monthly costs shown above are based on 100% of the maximum UC/employer contribution toward the premium for each plan. If you are eligible for less than 100% of the maximum UC/employer contribution, your costs may be higher. Your plan cost appears as a deduction on your benefit check stub or direct deposit statement.

Medicare Part B Reimbursement

Medicare Part B Reimbursement may apply if plan cost is \$0.00. Reimbursements vary. See "Options and Costs for 2005" on your Open Enrollment Statement for the Medicare plans available to you and any Part B reimbursement.

	Dental Plan Costs	
	Delta	PMI
Self	\$ 0.00	0.00
Self + Child(ren)	0.00	0.00
Self + Adult	0.00	0.00
Self + Family	0.00	0.00

ARAG Legal Plan Rates	
Self	\$ 8.49
Self + Child(ren), or Self + Adult	11.67
Self + Family	12.73