2017 Retiree Premium Rates
$600 Deductible Plan

| 2017 Premium Rates for Retirees | | | | | | |
|---|---|---|---|---|---|---|
| $600 PLAN | Class of Coverage | 2017 Total Premium | Amount Paid By County | Retiree Monthly Premium | Monthly Rate w/ Vision | Monthly Vision Premium |
| BC/BS | Retiree Only | $ 717.32 | $ 502.12 | $ 215.20 | $ 220.51 | |
| | Retiree + Spouse | $ 1,315.87 | $ 789.52 | $ 526.35 | $ 534.94 | |
| | Retiree + Child(ren) | $ 1,315.87 | $ 789.52 | $ 526.35 | $ 534.94 | |
| | Retiree + Family | $ 1,773.62 | $ 1,064.17 | $ 709.45 | $ 722.68 | |
| | Spouse Only | $ 598.55 | $ 287.40 | $ 311.15 | $ 316.46 | |
| | Child Only | $ 598.55 | $ 287.40 | $ 311.15 | $ 316.46 | |
| | Family Only | $ 1,056.30 | $ 562.05 | $ 494.25 | $ 507.48 | |
| | | | | | | |
| Delta | Retiree Only | $ 25.30 | $ 21.51 | $ 3.79 | | |
| | Retiree + Spouse | $ 65.42 | $ 52.34 | $ 13.08 | | |
| | Retiree + Child(ren) | $ 65.42 | $ 52.34 | $ 13.08 | | |
| | Retiree + Family | $ 65.42 | $ 52.34 | $ 13.08 | | |
| | Spouse Only | $ 65.42 | $ 30.83 | $ 9.29 | | |
| | Child Only | $ 40.12 | $ 30.83 | $ 9.29 | | |
| | Family Only | $ 40.12 | $ 30.83 | $ 9.29 | | |
| | | | | | | |
| Total Medical and Dental Premiums | | | | | | |
| | Retiree Only | | | $ 218.99 | $ 224.30 | $ 5.31 |
| | Retiree + Spouse | | | $ 539.43 | $ 548.02 | $ 8.59 |
| | Retiree + Child(ren) | | | $ 539.43 | $ 548.02 | $ 8.59 |
| | Retiree + Family | | | $ 722.53 | $ 735.76 | $ 13.23 |
| | Spouse Only | | | $ 320.44 | $ 325.75 | $ 5.31 |
| | Child Only | | | $ 320.44 | $ 325.75 | $ 5.31 |
| | Family Only | | | $ 503.54 | $ 516.77 | $ 13.23 |