2015 Retiree Premium Rates
$600 Deductible Plan

2015 Premium Rates for Retirees						
$600 PLAN	Class of Coverage	2015 Total Premium	Amount Paid By County	Retiree Monthly Premium	Monthly Rate w/ Vision	Monthly Vision Premium
UHC	Employee Only	$ 658.09	$ 493.57	$ 164.52	$ 169.83	
	Employee & One Dependent	$ 1,207.22	$ 784.69	$ 422.53	$ 431.12	
	Employee & Two or More Dependents	$ 1,627.17	$ 1,057.66	$ 569.51	$ 582.74	
	Dependent Only	$ 549.13	$ 291.12	$ 258.01	$ 263.32	
	Family Only	$ 969.08	$ 564.09	$ 404.99	$ 418.22	
Delta	Employee Only	$ 25.30	$ 21.51	$ 3.79		
Dental	Employee & One Dependent	$ 65.42	$ 52.34	$ 13.08		
	Employee & Two or More Dependents	$ 65.42	$ 52.34	$ 13.08		
	Dependent Only	$ 40.12	$ 30.83	$ 9.29		
	Family Only	$ 40.12	$ 30.83	$ 9.29		
Total Medical and Dental Premiums						
	Employee Only			$ 168.31	$ 173.62	$ 5.31
	Employee & One Dependent			$ 435.61	$ 444.20	$ 8.59
	Employee & Two or More Dependents			$ 582.59	$ 595.82	$ 13.23
	One Dependent Only			$ 267.30	$ 272.61	$ 5.31
	Family Only			$ 414.28	$ 427.51	$ 13.23