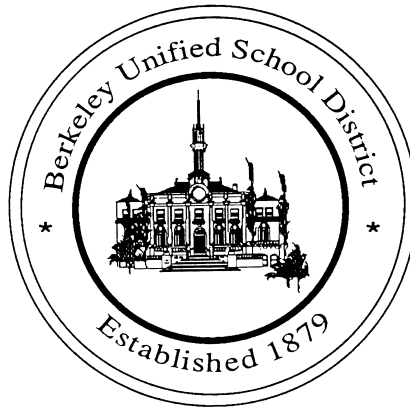


# ***Berkeley Unified School District***

***Office of Risk Management &  
Employee Health Benefits***

***2009 Plan Year Open Enrollment  
Retiree- Self Pay Program Participants  
Health Benefit Summary***



***For Benefits Effective:  
October 1, 2008 - September 30, 2009***

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## ***These Benefits Are Effective October 1, 2008***

The information in this brochure is a summary only of the benefits offered under the Berkeley Unified School District's benefits program. Specific details and plan limitations are provided in your individual Evidence of Coverage (EOC), which is based on the official Plan Documents that may include policies, contracts and plan procedures. Please refer to your EOC or Summary Plan Description for details. In the event that the information in this brochure differs from the Plan Documents, the Plan Documents will prevail.

This is for benefit eligible retirees in accordance with the collective bargaining units contracts.

# 2009 PLAN YEAR CHANGES & RATE INCREASES

## 2009 Health Plan Rate Increases

Health care continues to be a concern for employers, employees and eligible retirees across the nation. For years, costs have increased steadily and employers like Berkeley Unified School District have been challenged to find ways to continue to provide quality health care coverage at affordable prices. Each year the joint labor/management Health Benefits Cost Containment Committee reviews the District's health plan costs and options in the marketplace. It is the committee's goal to continue to offer high quality and affordable benefit plans to our employees and retirees. But despite the Committee's best efforts to mitigate cost increases, the District's Health Care Program faces the following increases in our 2009 Plan Year premiums:

<b>Health Net:</b>	HMO High Option:	19.7%
	HMO Low Option:	11.0%
	PPO Plan:	11.1%
	POS Plan:	11.1%
	Seniority Plus	17.0%
<b>Kaiser:</b>	HMO Plan:	7.1%
	Medicare Cost Plan:	4.9%
	Senior Advantage:	-0.02%
	Medicare Out of Area Plan:	4.1%
<b>Delta Dental:</b>	Dental PPO Plan:	14.3%

## 2009 Plan Year Changes – Health Net

- **Health Net PPO Plan Changes.** Significant changes to the Health Net PPO Plan will take effect October 1, 2008. The PPO Changes consist of **cost increases** to: the Calendar year deductible; out-of-pocket maximums; in- and out-of-network coinsurance levels; office visit copays; and copays for outpatient prescription drugs. Please see page 6 of this summary for more information.
  
- **Health Net HMO-Low Option Plan Changes.**  
Effective October 1, 2008, the following changes will occur:
  - **Copayment:** The copayment for Brand Name-Preferred and Non-Preferred prescription drugs will increase. The cost for Generic prescriptions will not increase.
  - **Deductible:** A deductible has been incorporated into the Low option's Prescription Drug Plan.

Please see page 8 of this summary for cost and more information.

# **WHAT TO DO DURING OPEN ENROLLMENT**

## **All Eligible Retiree's under the Self Pay Program**

**What is open enrollment?** It's the one opportunity during the year, for eligible Retirees under the District's Self Pay Program, to make health plan election changes. When considering changes/enrollments for the upcoming 2009 Plan Year, be sure to:

- **Review the Benefit Summary** booklet for your Open Enrollment options and the contribution rates that will become effective on October 1, 2008.
- **Come to the Wellness Fair** on August 21, 2008, from 10:00 a.m. to 12 noon or from 1:30 p.m. to 3:30 p.m. and ask any questions you may have of our carriers and BUSD Benefits/Risk Management staff. The Wellness Fair will be located at the Berkeley Adult School, Multipurpose Room. Additional information about the Wellness Fair is located within the **Open Enrollment cover memo and Wellness Fair Flyer**.
- **Submit all new elections to the District's Benefits/Risk Management office by 5:00 p.m. on September 11, 2008.** Late submittals will not be accepted.
- Remember, after September 11, 2008, unless you have a recognized change in status (qualifying event). To make a permitted change during the year, you must complete the required change form within 30 days of the qualifying event. Qualifying events include birth, adoption, death, marriage, divorce, or a change in job status.

## **Retirees Who Wish to Maintain Current Coverage**

If you are currently enrolled in a medical or dental plan and do not want to make any changes, **NO FURTHER ACTION IS NECESSARY**. Unless you submit an enrollment change form, your current elected health plan coverage will automatically continue at the same levels.

## **Retirees Who Wish to Makes Changes for the 2009 Plan Year**

If you wish to:

- **Change Plans within Current Carrier(s)**
  - Complete an enrollment/change form for self and list all eligible covered dependents.
  - If switching to a Health Net HMO plan, you must list a primary care provider and plan identification number.

➤ **Delete Spouse, Domestic Partner and/or Eligible Dependents**

- Complete a carrier enrollment/change form to delete a spouse, Domestic Partner and/or eligible dependent on current coverage. Once coverage has been deleted, the Retiree, their spouse, domestic partner and/or eligible dependent cannot be re-enrolled into the health plan.

**Submit Completed Enrollment/Change Form**

You may turn in your completed enrollment/change form directly to the Benefits/Risk Management staff by:

1. **Walk-in.** Retiree may submit the completed enrollment/change form by coming to the Benefits/Risk Management Window.
2. **Mail.** Retiree may submit the completed enrollment/change form through Postal Mail. **Forms must be received no later than 5:00 p.m. on September 11, 2008. Post marked submittals received after this date will not be accepted.**
3. **Wellness Fair:** Benefits/Risk Management staff will be accepting enrollment/change forms at the Wellness Fair on August 21, 2008 at 10 a.m. to 12 p.m. or 1:30 p.m. to 3:30 p.m.

**Forms must be received no later than 5:00 p.m. on September 11, 2008.** Open Enrollment change forms will **not** be accepted after this date.

The District will submit all changes to its Self Pay Program Billing Third Party Administrator, Ceridian. Ceridian will send billing to the Retiree reflecting these changes in accordance with the October 1, 2008 effective date.

**Benefits/Risk Management Office Open Enrollment Window Hours**

Walk-in submittals will be accepted only during the following Benefits/Risk Management window hours:

**August:** Monday through Thursday: 8:30 a.m. to 4:00 p.m.  
Friday: 8:30 a.m. to 3:30 p.m.

**September:** Monday through Thursday: 8:30 a.m. to 5:00 p.m.  
Friday: 8:30 a.m. to 3:30 p.m.

# MEDICAL PLANS

Plan Benefits	Kaiser HMO Traditional Plan	Kaiser HMO Senior Advantage with Part D	Kaiser HMO Medicare Cost	Kaiser HMO Medicare Out-of-Area	Health Net Seniority Plus HMO Plan 57X	Health Net Medicare COB	Health Net EPO Plan
<i>Calendar Year Deductible</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<i>Maximum Out-of-Pocket</i>							
Individual/Family	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$4,500
<b>MAXIMUM LIFETIME BENEFIT</b>							
Maximum lifetime benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Professional Services</b>							
Office visits	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Periodic routine, preventive care	\$5	\$10	\$10	\$10	\$10	\$10	\$10
Child(ren) well care							
Annual routine physical	\$10	\$10	\$10	\$10	\$10	No	No
Specialist consultations	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Physician visit to home	N/A	N/A	N/A	N/A	\$10	\$20	\$20
<b>Hospital &amp; Skilled Nursing</b>							
Hospital stays	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Emergency Services/Urgent Care</b>							
Professional Services	Yes w/ below copays	Yes w/ below copays	Yes w/ below copays	Yes w/ below copays	Yes w/ below copays	Yes w/ below copays	Yes w/ below copays
Use of Emergency Room (facility only)	\$35	\$35	\$35	\$35	\$20	\$35	\$35
<b>OTHER BENEFITS OR COVERAGE</b>							
Pharmacy – 30-Day Supply	\$10/\$20 (100 day supply)	\$10/\$20 (100 day supply)	\$10/\$20 (100 day supply)	\$10/\$20 (100 day supply)	\$10/\$20	\$10/\$20/\$35	\$10/\$20/\$35
Chiropractic	N/A	N/A	N/A	N/A	\$10/30 visits	\$10/30 visits	\$10/30 visits

Non-emergency care (including urgently needed care) received within the PPG service area must be performed or authorized by the member's PPG in order for services to be covered. When urgently needed care is provided outside the PPG service area, authorization is not mandatory in order for services to be covered. When services are provided that meet the criteria for emergency care, whether within or outside the PPG service area, the services are covered, even if the member never contacted the PPG.

*This is a Summary of Benefits for illustrative purposes only. In the case of any discrepancy between this summary and the Evidence of Coverage document the actual EOC document will prevail.*

## MEDICAL PLANS – CONTINUED

Plan Benefits	Kaiser HMO	Health Net HMO Plans		Health Net Point-of-Service Plan			Health Net PPO (4C8)	
		HIGH HMO Plan O1A	LOW HMO Plan 301	HMO	IN-NETWORK PPO	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<i>Calendar Year Deductible</i>	N/A	N/A	<b>IMPORTANT CHANGES TO THE PLAN COVERAGE COST, PLEASE SEE THE FOLLOWING PAGE</b>	N/A	N/A	\$200/\$600 Individual/Family	<b>IMPORTANT PLAN COVERAGE COST CHANGES, PLEASE SEE THE FOLLOWING PAGE</b>	
<i>Maximum Out-of-Pocket Limit</i>	\$1,500/\$3,000	\$1,500/\$4,500		\$1,500/\$4,500	\$2,000/\$6,000	\$3,000/\$9,000		
<i>Maximum Lifetime Benefit</i>			Unlimited	Unlimited	Unlimited	\$2,000,000 (PPO/OON)	\$2,000,000 (PPO/OON)	
Maximum lifetime benefit								
<i>Professional Services</i>								
Office visits	\$10	\$10	\$10	\$20	30%			
Periodic routine, preventive care	\$5	\$10	\$10	\$20	30%			
Child(ren) well care	\$5	\$10	\$10	\$20	30%			
Annual routine physical	\$10	No	No	No	No			
Specialist consultations	\$10	\$10	\$10	\$20	30%			
Physician visit to home	N/A	\$20	\$20	\$35	30%			
<i>Hospital &amp; Skilled Nursing</i>								
Hospital stays	Yes	Yes	Yes	10%	30%			
<i>Emergency / Urgent Care</i>								
Professional Services	Yes w/ below copays	*	*	*	*			
Emergency Room (facility only)	\$35	Yes w/below copays	Yes w/below copays	10%	30%			
<i>Other Benefits</i>								
Pharmacy – 30-Day Supply	\$10/\$20	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35		
Chiropractic	N/A	\$10/30 visits	\$10/30 visits	\$10	30%/15 visits	30%/15 visits		

Non-emergency and urgent care received within the HMO service area must be performed or authorized by the member's primary physician group for services to be covered. Authorization is not required for urgent care provided outside the HMO service area. True "emergency" services are covered in and out of the HMO service area, even if the member never contacts the primary physician group.

*This Summary of Benefits is for illustrative purposes only. In the case of a discrepancy between this summary and the Evidence of Coverage (EOC) document, the EOC document will prevail.*

# HEALTH NET HMO - LOW OPTION AND PPO PLANS

The chart below highlights key plan provisions of the Health Net HMO Low Option and PPO Plans for the 2009 Plan Year.

Plan Benefits	Health Net HMO-Low Plan 301	Health Net PPO (4C8)	
		In-Network	Out-Of-Network
<b>Calendar Year Deductible</b>	N/A	\$1,000 individual/\$3,000 family	
<b>Maximum Out-Of-Pocket Limit</b>			
Individual/Family	\$1,500/\$4,500	\$3,000/\$6,000	\$5,000/individual only
<b>Maximum Lifetime Benefit</b>			
Maximum Lifetime Benefit	Unlimited	\$5,000,000	
<b>Professional Services</b>			
Office Visits	\$25	\$20	40%
Periodic, routine preventive care	\$25 (to age 18)	\$20 (to age 17) 20% (age 18 and older)	No
Annual routine physical (adult)	No	\$20 (\$250 annual benefit limit)	No
Specialist consultations	\$25	\$20	40%
Physician visit to home	\$40	20%	40%
<b>Hospital &amp; Skilled Nursing</b>			
Hospital stays	\$250	20%	\$500 + 40% (\$600 max. daily benefit)
<b>Emergency / Urgent Care</b>			
Urgent Care	\$50 (waived if admitted)	\$20	40%
Emergency Room	\$100 (waived if admitted)	\$100 (waived if admitted) + 20%	\$100 (waived if admitted) + 40%
<b>Other Benefits</b>			
Pharmacy – 30-day supply			
▪ Generic	\$10	\$15	\$15 + 50% of average wholesale cost
▪ Preferred brand name	\$25	\$30	\$30 + 50% of average wholesale cost
▪ Other brand name	\$50	50% of negotiated cost (\$30 minimum)	50% of average wholesale cost
▪ Annual prescription drug deductible	\$100 (applies to all brand name drugs)	N/A	N/A
Chiropractic	\$10/30 visits	\$20	40%
		\$25 max benefit/visit 12 visits (combined in- and out-of-network)	
<b>Carrier Monthly Rates:</b> <i>(PLEASE REFER TO YOUR APPLICABLE BUSD PREMIUM RATE CHART TO DETERMINE THE EMPLOYEE COST SHARE)</i>	Employee Only: \$538.99 Employee + 1: \$1,081.10 Employee + 2/More: \$1,489.45	Employee Only: \$422.87 Employee + 1: \$845.74 Employee + 2/More: \$1,171.35	

Non-emergency and urgent care received within the HMO service area must be performed or authorized by the member's primary physician group for services to be covered. Authorization is not required for urgent care provided outside the HMO service area. True "emergency" services are covered in and out of the HMO service area, even if the member never contacts the primary physician group.

**This summary of benefits is for illustrative purposes only. In the case of a discrepancy between this summary and the Evidence of Coverage (EOC) document, the EOC document will prevail.**

## DENTAL BENEFITS – PPO

Delta Dental PPO			
General Plan Information	IN-NETWORK	OUT-OF-NETWORK	
	Delta Dental PPO Dentists	Delta Premier Dentists	Non-Delta Dentists
	Your out-of-pocket expense will likely be less because PPO dentists have agreed to charge PPO patients reduced fees.	You will be charged no more than the fees allowed by Delta Dental (Premier dentist fees are generally higher than PPO dentist fees).	You will be responsible for the difference if your dentist charges more than Delta Dental's allowed fees.
	You may be charged only the patient share at the time of treatment, not Delta Dental's portion	You may be charged only the patient share at the time of treatment, not Delta Dental's portion (patient share is likely to be higher compared with a PPO dentist).	You may have to pay the entire amount in advance and wait for reimbursement.
	Claim forms will be completed and submitted for you at no charge	Claim forms will be completed and submitted for you at no charge	You may have to complete and submit your own claim forms or pay a service fee.

### DELTA DENTAL PPO BENEFITS AND COVERED SERVICES

	In-Network Dentist	Out-of-Network Dentist
Who's Covered	Primary enrollee, spouse, dependent children to age 19 and full-time students to age 25	
Annual Deductibles	\$25 per dependent, \$50 per family	\$25 per dependent, \$50 per family
Annual Benefits Maximum	\$1,600 per person	\$1,500 per person
Diagnostic and Preventive Benefits* <i>- oral examinations, x-ray, cleanings, fluoride treatment, space maintainers, specialist consultation</i>	100% of PPO dentist's allowed fee	100% of Premier dentist's allowed fee or the fee that satisfies a majority of Delta dentists.
Basic Benefits* <ul style="list-style-type: none"><li>▪ <i>oral surgery (extractions), fillings, sealants, root canals, periodontic, tissue removal</i></li></ul>	100% PPO dentist's allowed fee	100% of Premier dentist's allowed fee or the fee that satisfies a majority of Delta dentists.
Crowns, Other Cast Restorations*	70% PPO dentist's allowed fee	70% of Premier dentist's allowed fee or the fee that satisfies a majority of Delta dentists.
Prosthetic Benefits* <ul style="list-style-type: none"><li>▪ <i>bridges, full and partial dentures</i></li></ul>	70% PPO dentist's allowed fee	70% of Premier dentist's allowed fee or the fee that satisfies a majority of Delta dentists.
Orthodontic Benefits* <ul style="list-style-type: none"><li>▪ <i>for dependent children</i></li></ul>	50% PPO dentist's allowed fee (subject to a \$1,000 lifetime maximum per person)	50% of Premier dentist's allowed fee or the fee that satisfies a majority of Delta dentists (subject to a \$1,000 lifetime maximum per person)

\* Please refer to your Evidence of Coverage (EOC) for limitations on these benefits.

# DENTAL BENEFITS – DMO

## Delta Care PMI Dental Plan (DMO)

Your lower cost dental option, the DeltaCare PMI Dental Plan, works a lot like an HMO and may be the right choice for you. This Plan provides 100% coverage for preventive care and standard fillings with no copayment. When you enroll, you must select a Primary Care Dental Provider (PDP) from the DeltaCare PMI provider network for yourself and each covered dependent, and all services must be provided within the DeltaCare PMI network. Your PDP will coordinate all your dental care.

Plan Benefits	Schedule of Fees/Copayments
<b>Calendar Year Deductible</b>	None
<b>Annual Maximum Benefit</b>	Unlimited
<b>Diagnostic &amp; Preventive:</b>	
0120 Periodic oral evaluation	No charge
0210 Full-mouth x-ray series	No charge ( <i>limited to 1 series every 24 months</i> )
0274 Bitewing x-rays	No charge ( <i>limited to 1 series every 6 months</i> )
1110 Prophylaxis cleaning – Adult	No charge ( <i>one per 6-month period</i> )
1120 Prophylaxis cleaning – Child	No charge ( <i>one per 6-month period</i> )
1203 Topical application of fluoride – Child to Age 19	No charge ( <i>one per 6-month period</i> )
1330 Oral hygiene instructions	No Charge
1351 Sealant (limited to permanent molars)	\$5 Copay (through Age 15)
1510 Space Maintainers	\$10 Copay
<b>Restorative / Endodontics / Periodontics / Oral Surgery:</b>	
2140 Amalgam (one surface, primary or permanent)	No Charge
2330 Resin-based composite (one surface, anterior)	No Charge
2752 Crown – porcelain fused to noble metal	\$135 Copay
3220 Endodontics – therapeutic pulpotomy	No Charge
3310 Root canal – anterior (excluding final restoration)	\$45 Copay
3330 Root canal – molar (excluding final restoration)	\$205 Copay
4210 Periodontics – gingivectomy or gingivoplasty	\$80 Copay
7140 Extraction, erupted tooth or exposed root	No Charge
<b>Prosthodontics (removable):</b>	
5110 Complete denture – maxillary	\$100 Copay
5510 Repair broken complete denture base	\$15 Copay
6210 Prosthodontics – Pontics, cast high noble metal	\$170 Copay
6600 Prosthodontics – Inlays	\$150 Copay
6608 Prosthodontics – Onlays	\$150 Copay
6720 Crown – resin with high noble metal	\$155 Copay
7241 Oral surgery – removal of impacted tooth	\$90 Copay
<b>Orthodontics:</b>	
8060 Interceptive orthodontic treatment	\$950 Copay
8070 - 8080 Comprehensive – Child to Age 19	\$1,700 Copay
8090 Adults – including dependent adult children (FTS)	\$1,900 Copay

## IMPORTANT CONTACT INFORMATION

Below is a listing of the toll-free numbers you can call with questions about benefit coverage or plan providers in your area. You can also use the websites to access provider information as well as additional programs.

Benefit Plan	Member Services	Website
Health Net Medical Care Plan (HMO, PPO, POS, EPO, Seniority Plus)	HMO/EPO: 1-800-522-0088 PPO/POS: 1-800-676-6976 Seniority Plus: 1-800-275-4737	<a href="http://www.healthnet.com">www.healthnet.com</a>
Kaiser Medical Care Plan	1-800-464-4000	<a href="http://www.kp.org">www.kp.org</a>
Delta Dental PPO Plan	1-800-765-6003	<a href="http://www.deltadentalins.org">www.deltadentalins.org</a>
Delta Care PMI Dental Plan	1-800-422-4234	<a href="http://www.deltadentalins.org">www.deltadentalins.org</a>
Berkeley Unified School District Office of Risk Management and Employee Health Benefits	<u>510-644-4827</u>	External <a href="http://www.berkeley.k12.ca.us">www.berkeley.k12.ca.us</a> (Click on "Staff Resources")
		Internal (only accessible from a computer within the District) <a href="http://intranet.berkeley.k12.ca.us/">http://intranet.berkeley.k12.ca.us/</a> (Click on Risk Management)

## ***2009 PLAN YEAR PREMIUM RATE CHARTS***

This section provides the District's Monthly Medical and Dental Plan Premium rate chart for the Self Pay Program. The new premium costs, as illustrated on the following charts, have increased from last year. Please consider the new costs illustrated on the chart when selecting and/or making changes to your medical, and/or dental plan provider coverage for the 2009 Plan Year.

**BERKELEY UNIFIED SCHOOL DISTRICT**  
**MEDICAL AND DENTAL PLAN COVERAGE PREMIUM RATES**  
**EFFECTIVE: OCTOBER 1, 2008 TO SEPTEMBER 30, 2009**

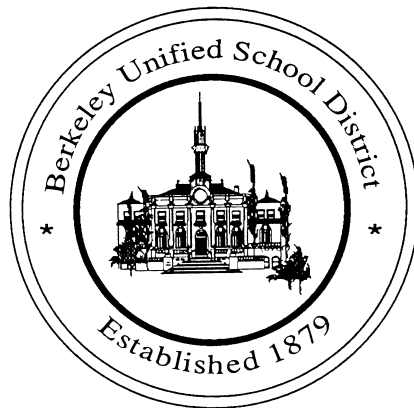
**RETIREE – SELF PROGRAM PARTICIPANT RATES**

HEALTH NET PLANS						
COVERAGE	Retirees with Medicare				Retirees without Medicare	
	HMO "High Option"	HMO "Low Option"	POS	PPO Plan	HMO "High Option"	Flex Net Plan
Employee Only	\$621.75	\$538.99	\$909.24	\$422.87	\$1,326.51	\$1,958.62
Employee +1 Dep.	\$1,247.09	\$1,081.10	\$1,817.40	\$845.74	\$2,653.01	\$3,917.04
Employee + 2 or more Dependents	\$1,721.63	\$1,492.45	\$2,518.19	\$1,171.35	\$3,846.89	\$5,679.45

HEALTH NET PLANS						
	Medicare COB HMO		Medicare COB PEPO		Seniority Plus	
	HMO High	HMO Low	HMO High	HMO Low	HMO High	HMO Low
Subscriber Only, A and B	\$351.90	\$351.90	\$460.83	N/A	\$305.08	\$305.08
Subscriber Only, B Only	\$1,385.48	\$1,385.48	\$1,814.35	N/A	N/A	N/A
Subscriber with A and B, Spouse w/o Medicare	\$977.24	\$894.01	\$1,086.17	N/A	930.42	847.19
Subscriber w/o Medicare, Spouse with Medicare A and B	\$973.65	\$890.89	\$1,082.58	N/A	926.83	844.07
Subscriber with A and B, Spouse with A and B	\$703.80	\$703.80	\$921.66	N/A	610.16	610.16
Subscriber with A and B, Child w/o Medicare	\$977.24	\$894.01	\$1,086.17	N/A	930.42	847.19
Subscriber with A and B, Children w/o Medicare	\$1,451.78	\$1,305.36	\$1,560.71	N/A	1,404.96	1,258.54
Subscriber with A and B, Spouse with A and B, Child w/o Medicare	\$1,329.14	\$1,245.91	\$1,547.00	N/A	930.42	1,152.27
Subscriber with A and B, Spouse w/o, Child w/o Medicare	\$1,451.78	\$1,305.36	\$1,560.71	N/A	1,404.96	1,258.54
Subscriber w/o, Spouse with A and B, Children w/o Medicare	\$1,598.99	\$1,433.00	\$1,707.92	N/A	1,552.17	1,386.18
Subscriber with A and B, Spouse with A and B, Children w/o Medicare	\$1,803.68	\$1,657.26	\$2,021.54	N/A	2,026.71	1,563.62
Subscriber with A and B, Spouse w/o, Children w/o Medicare	\$1,451.78	\$1,305.36	\$1,560.71	N/A	1,404.96	1,258.54
Subscriber w/o, Spouse with A and B, Children w/o Medicare	\$2,073.53	\$1,844.35	\$2,182.46	N/A	2,026.71	1,797.53

KAISER PERMANENTE PLANS	
	10/01/2008 through 09/30/2009
<b>HMO - Actives &amp; Early Retirees</b>	
▪ EE Only	\$427.70
▪ EE + Spouse	\$855.40
▪ EE + Family	\$1,210.39
<b>HMO Unassigned 65+ Retirees</b>	
▪ Subscriber Only, Neither A nor B	\$1,157.19
▪ Subscriber Only, A and B	\$761.80
▪ Subscriber Only, A Only	\$761.80
▪ Subscriber Only, B Only	\$1,157.19
▪ Subscriber Under 65, NKR	\$1,157.19
▪ Subscriber 65 Plus NKR	\$1,157.19

	Medicare OOA	Senior Advantage (Includes Dental)	Medicare Cost
Subscriber Only, A and B	\$681.05	\$342.55	\$686.07
Subscriber Only, B Only	\$881.90	\$644.84	\$886.92
Subscriber with A and B, Spouse w/o Medicare	\$1,108.75	\$770.25	\$1,113.77
Subscriber w/o Medicare, Spouse with Medicare A & B	\$1,108.75	\$770.25	\$1,113.77
Subscriber with A and B, Spouse with A and B	\$1,362.10	\$685.10	\$1,372.14
Subscriber with A and B, Child w/o Medicare	\$1,108.75	\$770.25	\$1,113.77
Subscriber with A and B, Children w/o Medicare	\$1,463.74	\$1,125.24	\$1,468.76
Subscriber with A and B, Spouse with A and B, Child w/o Medicare	\$1,717.09	\$1,040.09	\$1,727.13
Subscriber with A and B, Spouse w/o, Child w/o Medicare	\$1,463.74	\$1,125.24	\$1,468.76
Subscriber w/o, Spouse with A and B, Child w/o Medicare	\$1,463.74	\$1,125.24	\$1,468.76
Subscriber with A and B, Spouse with A and B, Children w/o Medicare	\$1,717.09	\$1,040.09	\$1,727.13
Subscriber with A and B, Spouse w/o, Children w/o Medicare	\$1,463.74	\$1,125.24	\$1,468.76
Subscriber w/o, Spouse with A and B, Children w/o Medicare	\$1,463.74	\$1,125.24	\$1,468.76



**Berkeley Unified School District – August 2008**  
*(In Partnership with Aon Consulting)*