

# COUNTY & MUNICIPAL POLICE / FIREFIGHTER PENSION PLAN

## *Not Entitled to Health Cost Offset*

### Non-Medicare Plans Rates Effective 7/1/16 - 6/30/17

*Rates apply to retirees in the plan who retired prior to 7/1/15  
and*

*Rates apply to survivors in the plan whose survivor's pension was effective after 7/1/15*

<b>HIGHMARK FIRST STATE BASIC</b>			
	<b>TOTAL COST</b>	<b>Not Entitled to Offset</b>	<b>PENSIONER PAYS</b>
Individual	695.36	0.00	695.36
Individual & Spouse	1438.68	0.00	1438.68
Individual & Child(ren)	1057.02	0.00	1057.02
Family	1798.42	0.00	1798.42

<b>HIGHMARK COMPREHENSIVE PPO</b>			
	<b>TOTAL COST</b>	<b>Not Entitled to Offset</b>	<b>PENSIONER PAYS</b>
Individual	793.86	0.00	793.86
Individual & Spouse	1647.34	0.00	1647.34
Individual & Child(ren)	1223.46	0.00	1223.46
Family	2059.40	0.00	2059.40

<b>HIGHMARK BLUE CARE (HMO / IPA)</b>			
	<b>TOTAL COST</b>	<b>Not Entitled to Offset</b>	<b>PENSIONER PAYS</b>
Individual	726.52	0.00	726.52
Individual & Spouse	1535.42	0.00	1535.42
Individual & Child(ren)	1111.64	0.00	1111.64
Family	1915.68	0.00	1915.68

<b>HIGHMARK CONSUMER DIRECTED HEALTH GOLD</b>			
	<b>TOTAL COST</b>	<b>Not Entitled to Offset</b>	<b>PENSIONER PAYS</b>
Individual	719.68	0.00	719.68
Individual & Spouse	1492.22	0.00	1492.22
Individual & Child(ren)	1099.56	0.00	1099.56
Family	1895.74	0.00	1895.74

<b>AETNA</b>			
	<b>TOTAL COST</b>	<b>Not Entitled to Offset</b>	<b>PENSIONER PAYS</b>
Individual	725.94	0.00	725.94
Individual & Spouse	1530.58	0.00	1530.58
Individual & Child(ren)	1110.52	0.00	1110.52
Family	1909.82	0.00	1909.82

<b>AETNA CONSUMER DIRECTED HEALTH GOLD</b>			
	<b>TOTAL COST</b>	<b>Not Entitled to Offset</b>	<b>PENSIONER PAYS</b>
Individual	719.68	0.00	719.68
Individual & Spouse	1492.22	0.00	1492.22
Individual & Child(ren)	1099.56	0.00	1099.56
Family	1895.74	0.00	1895.74