

Retiree Medical Coverage Contributions

R·I·T

CALENDAR YEAR 2010

ROCHESTER AREA

Pre-Medicare

PLAN	LEVEL OF COVERAGE	MONTHLY RETIREE CONTRIBUTION					EXTENDED PART-TIME
		FULL-TIME SALARY LEVEL 1	FULL-TIME SALARY LEVEL 2	FULL-TIME SALARY LEVEL 3	FULL-TIME SALARY LEVEL 4		
Blue Point2 POS A	• Individual	\$85.56	\$114.18	\$127.44	\$139.03	\$181.82	
	• 2 Person	\$203.87	\$248.47	\$268.07	\$288.25	\$401.31	
	• Family	\$287.71	\$349.88	\$372.67	\$396.59	\$508.78	
	• One Parent Family	\$235.15	\$289.26	\$311.32	\$333.64	\$441.32	
Blue Point2 POS B	• Individual	\$73.46	\$99.49	\$112.18	\$123.31	\$168.28	
	• 2 Person	\$170.80	\$213.71	\$231.75	\$250.75	\$369.48	
	• Family	\$249.11	\$309.46	\$330.41	\$352.94	\$471.87	
	• One Parent Family	\$185.31	\$224.29	\$240.60	\$260.26	\$387.77	
Blue Point2 POS B No Drug	• Individual	\$0.00	\$23.71	\$33.44	\$41.85	\$95.62	
	• 2 Person	\$41.12	\$56.50	\$68.56	\$82.01	\$218.86	
	• Family	\$89.65	\$113.47	\$131.30	\$147.10	\$285.53	
	• One Parent Family	\$43.95	\$64.49	\$76.59	\$90.81	\$240.64	
Blue Point2 POS C	• Individual	\$4.73	\$28.44	\$38.17	\$46.58	\$107.86	
	• 2 Person	\$51.84	\$67.22	\$79.28	\$92.73	\$246.64	
	• Family	\$101.95	\$125.77	\$143.60	\$159.40	\$317.38	
	• One Parent Family	\$55.64	\$76.18	\$88.28	\$102.50	\$270.91	

Medicare

PLAN	LEVEL OF COVERAGE	MONTHLY RETIREE CONTRIBUTION	
		FULL-TIME	EXTENDED PART-TIME
Medicare Blue Choice <i>(Benchmark Plan)</i>	• Retiree Only	\$28.00	\$64.46
	• Spouse Only	\$34.00	\$71.96
	• Total for Both	\$62.00	\$136.42
Preferred Care Gold	• Retiree Only	\$38.00	\$78.14
	• Spouse Only	\$44.00	\$85.64
	• Total for Both	\$82.00	\$163.78
BCBS Comprehensive <i>(Closed to new enrollments)</i>	• Retiree Only	\$57.60	\$94.06
	• Spouse Only	\$63.60	\$101.56
	• Total for Both	\$121.20	\$195.62

NOTES ABOUT COST SHARING

For pre-Medicare retirees who retired prior to January 1, 2006, refer to Salary Level 2 for your contribution information. For retirees who retired on and after January 1, 2006, refer to the Salary Level you were in prior to retirement.

If retiree or spouse is pre-Medicare and the other person is Medicare-eligible, add together the amount for the pre-Medicare person and the amount for the Medicare-eligible person for the total monthly contribution.

Retiree Medical Coverage Contributions

R·I·T

CALENDAR YEAR 2010

OUTSIDE ROCHESTER AREA

Pre-Medicare

PLAN	LEVEL OF COVERAGE	MONTHLY RETIREE CONTRIBUTION				EXTENDED PART-TIME
		FULL-TIME SALARY LEVEL 1	FULL-TIME SALARY LEVEL 2	FULL-TIME SALARY LEVEL 3	FULL-TIME SALARY LEVEL 4	
Blue PPO	• Individual	\$57.16	\$83.19	\$95.88	\$107.01	\$164.21
	• 2 Person	\$134.28	\$177.19	\$195.23	\$214.23	\$360.35
	• Family	\$207.30	\$267.65	\$288.60	\$311.13	\$461.42
	• One Parent Family	\$145.54	\$184.52	\$200.83	\$220.49	\$377.83

Medicare

PLAN	LEVEL OF COVERAGE	MONTHLY RETIREE CONTRIBUTION	
		FULL-TIME	EXTENDED PART-TIME
Blue PPO <i>(Benchmark Plan)</i>	• Retiree Only	\$28.00	\$68.87
	• Spouse Only	\$38.00	\$81.37
	• Total for Both	\$66.00	\$150.24
BCBS Comprehensive <i>(Closed to new enrollments)</i>	• Retiree Only	\$39.95	\$80.82
	• Spouse Only	\$49.95	\$93.32
	• Total for Both	\$89.90	\$174.14

NOTES ABOUT COST SHARING

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If retiree or spouse is pre-Medicare and the other person is Medicare-eligible, add together the amount for the pre-Medicare person and the amount for the Medicare-eligible person for the total monthly contribution.