

# RETIREE MEDICAL AND DENTAL RATES 2018

## CALCULATING YOUR MEDICAL PLAN CONTRIBUTIONS

To figure out what you must pay for medical plan coverage in 2018, just follow these steps:

**Step 1.** Decide what plan you want to select and whether you want to cover any eligible dependents.

**Step 2.** Calculate your rates by using the following formula:

### **Prior to 1988 Fixed Premium**

You pay \$15 for Single or Two Party coverage or \$45 for Family coverage. The City pays the remainder.

### **1988 – 1993 Fixed Contribution**

See your selection form for the amount the City will contribute for benefits. Subtract that number from the cost of the plan.

### **As a Sworn Police Officer or Sergeant, retired on or after July 1, 1985 and prior to February 1, 1994 Police Benefit**

Multiply the cost of the plan times the percentage that you must pay (see the Retiree Information section of your selection form).

### **As an I.B.E.W. Bargaining Unit Employee, retired since February 1, 1984 until September 30, 2005 I.B.E.W. Benefit**

Multiply the cost of the plan times 5%. If you are enrolled in Medicare Parts A and B, the City pays 100%.

**I.B.E.W. Trust** -for IBEW workers who retire on or after 10/1/05, please contact the IBEW Trust for your cost at 818-243-0222.

### **All others\* who retired in 1988 or later Percentage Contribution**

Multiply the maximum City Contribution times the percentage the City will pay. Then, subtract the result from the total cost of the plan you elected

**STEP 1.** Decide what plan you want to select and whether you want to cover any eligible dependents.

Review the options available to you. If you do NOT plan to make any changes, then you are not required to return a selection form back to Human Resources and your current enrollment will continue through plan year 2018.

For plan changes, please follow the instructions below to ensure you are completing and sending the correct enrollment forms back to Human Resources.

**AETNA**

If you are selecting an Aetna plan, please complete the Aetna enrollment form and select your specific coverage:

**If you are under age 65 or not eligible for Medicare**

The City offers three plan options:

|  | <b>Total Cost of Plan</b> | <b>Maximum City Contribution</b> |
|--|---------------------------|----------------------------------|
| <b>Aetna HMO California</b>              |                           |                                  |
| Single                                   | \$994.68                  | \$707.76                         |
| Two-Party                                | \$1,993.44                | \$1,422.97                       |
| Family                                   | \$2,819.51                | \$2,004.21                       |
| <b>Aetna OAMC All States</b>             |                           |                                  |
| Single                                   | \$1,778.89                | \$1,050.95                       |
| Two-Party                                | \$3,557.77                | \$2,094.69                       |
| Family                                   | \$5,034.25                | \$2,949.52                       |
| <b>Aetna High Option OAMC All States</b> |                           |                                  |
| Single                                   | \$1,291.46                | \$917.87                         |
| Two-Party                                | \$2,582.89                | \$1,830.35                       |
| Family                                   | \$3,654.80                | \$2,577.23                       |

**If you are over age 65 and/or eligible for Medicare A and/or B**

The City offers 4 plan options to retirees who are eligible for Medicare A and/or B. These plans also require you to sign up for the Aetna Medicare Part D Prescription Drug Plan (PDP). If you are eligible for Medicare but do not complete the separate enrollment form for the Aetna PDP plan, you will not have appropriate prescription coverage.

|  | <b>Total Cost of Plan</b> | <b>Maximum City Contribution</b> |
|--|---------------------------|----------------------------------|
| <b>Aetna HMO California</b>              |                           |                                  |
| Single                                   | \$815.41                  | \$707.76                         |
| Two-Party                                | \$1,633.17                | \$1,422.97                       |
| Family                                   | \$2,352.08                | \$2,004.21                       |
| <b>Aetna OAMC All States</b>             |                           |                                  |
| Single                                   | \$1,073.53                | \$1,050.95                       |
| Two-Party                                | \$2,147.02                | \$2,094.69                       |
| Family                                   | \$3,079.86                | \$2,949.52                       |
| <b>Aetna High Option OAMC All States</b> |                           |                                  |
| Single                                   | \$788.23                  | \$917.87                         |
| Two-Party                                | \$1,576.46                | \$1,830.35                       |
| Family                                   | \$2,147.64                | \$2,577.23                       |
| <b>Aetna CMED</b>                        |                           |                                  |
| Single                                   | \$1,239.04                | \$1,050.95                       |
| Two-Party                                | \$2,478.03                | \$2,094.69                       |
| Family                                   | \$3,548.23                | \$2,949.52                       |

## **Additional options for retirees enrolled in Medicare A and B**

Retirees who are enrolled in Medicare A and B also have the option to elect a Medicare Advantage plan. Plans are available in various areas outside California. Review the options and service areas below. Please note: Service area is confirmed by residing zip code. Aetna PPO and ESA (Extended Service Area) plan options are available nationally. ESA coverage is determined by residing zip code.

|                     | <b>Total Cost of Plan</b> | <b>Maximum City Contribution</b> |
|---------------------|---------------------------|----------------------------------|
| <b>Aetna HMO CA</b> |                           |                                  |
| Single              | \$337.03                  | \$707.76                         |
| Two-Party           | \$674.06                  | \$1,422.97                       |
| <b>Aetna HMO AZ</b> |                           |                                  |
| Single              | \$548.23                  | \$707.76                         |
| Two-Party           | \$1,096.46                | \$1,422.97                       |
| <b>Aetna HMO CO</b> |                           |                                  |
| Single              | \$574.96                  | \$707.76                         |
| Two-Party           | \$1,149.92                | \$1,422.97                       |
| <b>Aetna HMO DE</b> |                           |                                  |
| Single              | \$279.46                  | \$707.76                         |
| Two-Party           | \$558.92                  | \$1,422.97                       |
| <b>Aetna HMO GA</b> |                           |                                  |
| Single              | \$470.78                  | \$707.76                         |
| Two-Party           | \$941.56                  | \$1,422.97                       |
| <b>Aetna HMO MA</b> |                           |                                  |
| Single              | \$551.36                  | \$707.76                         |
| Two-Party           | \$1,102.72                | \$1,422.97                       |
| <b>Aetna HMO NV</b> |                           |                                  |
| Single              | \$636.64                  | \$707.76                         |
| Two-Party           | \$1,273.28                | \$1,422.97                       |
| <b>Aetna HMO OH</b> |                           |                                  |
| Single              | \$611.20                  | \$707.76                         |
| Two-Party           | \$1,222.40                | \$1,422.97                       |
| <b>Aetna HMO PA</b> |                           |                                  |
| Single              | \$515.98                  | \$707.76                         |
| Two-Party           | \$1,031.96                | \$1,422.97                       |
| <b>Aetna HMO TX</b> |                           |                                  |
| Single              | \$458.69                  | \$707.76                         |
| Two-Party           | \$917.38                  | \$1,422.97                       |

|                             | <b>Total Cost of Plan</b> | <b>Maximum City Contribution</b> |
|-----------------------------|---------------------------|----------------------------------|
| <b>Aetna PPO All States</b> |                           |                                  |
| Single                      | \$575.45                  | \$575.45                         |
| Two-Party                   | \$1,150.90                | \$1,150.90                       |
| <b>Aetna ESA</b>            |                           |                                  |
| Single                      | \$597.00                  | \$597.00                         |
| Two-Party                   | \$1,194.00                | \$1,194.00                       |

**KAISER**

If you are selecting a Kaiser plan, please complete the Kaiser enrollment form:

**If you are under age 65, you have the following plan options:**

|                     | <b>Total Cost of Plan</b> | <b>Maximum City Contribution</b> |
|---------------------|---------------------------|----------------------------------|
| <b>Kaiser CA</b>    |                           |                                  |
| Single              | \$676.84                  | \$503.87                         |
| Two-Party           | \$1,353.67                | \$1,007.64                       |
| Family              | \$1,915.44                | \$1,425.84                       |
| <b>Kaiser CO</b>    |                           |                                  |
| Single              | \$1,121.00                | \$503.87                         |
| Two-Party           | \$2,242.00                | \$1,007.64                       |
| Family              | \$3,238.00                | \$1,425.84                       |
| <b>Kaiser OR/WA</b> |                           |                                  |
| Single              | \$911.59                  | \$503.87                         |
| Two-Party           | \$1,823.17                | \$1,007.64                       |
| Family              | \$2,734.76                | \$1,425.84                       |
| <b>Kaiser GA</b>    |                           |                                  |
| Single              | \$922.93                  | \$503.87                         |
| Two-Party           | \$1,845.86                | \$1,007.64                       |
| Family              | \$2,768.79                | \$1,425.84                       |
| <b>Kaiser HI</b>    |                           |                                  |
| Single              | \$893.02                  | \$503.87                         |
| Two-Party           | \$1,786.04                | \$1,007.64                       |
| Family              | \$2,679.06                | \$1,425.84                       |

**If you are over age 65**

Kaiser requires you to assign your Medicare benefits. If you do not, the City is charged \$12,000 per year for retirees who are enrolled in Medicare A and/or B and \$15,600 per year for retirees who are not enrolled in Medicare.

|   | <b>Total Cost of Plan</b> | <b>Maximum City Contribution</b> |
|---|---------------------------|----------------------------------|
| <b>Kaiser Senior Advantage Plan CA</b>    |                           |                                  |
| Single                                    | \$205.31                  | \$503.87                         |
| Two-Party (Both Medicare)                 | \$410.62                  | \$1,007.64                       |
| Two-Party (One Medicare)                  | \$882.15                  | \$1,007.64                       |
| Family (One Medicare)                     | \$1,443.92                | \$1,425.84                       |
| Family (Two Medicare)                     | \$972.39                  | \$1,425.84                       |
| <b>Kaiser Senior Advantage Plan CO</b>    |                           |                                  |
| Single                                    | \$302.00                  | \$503.87                         |
| Two-Party (Both Medicare)                 | \$604.00                  | \$1,007.64                       |
| Two-Party (One Medicare)                  | \$1,423.00                | \$1,007.64                       |
| Family (One Medicare)                     | \$2,419.00                | \$1,425.84                       |
| Family (Two Medicare)                     | \$1,600.00                | \$1,425.84                       |
| <b>Kaiser Senior Advantage Plan OR/WA</b> |                           |                                  |
| Single                                    | \$298.47                  | \$503.87                         |
| Two-Party (Both Medicare)                 | \$596.94                  | \$1,007.64                       |
| Two-Party (One Medicare)                  | \$1,210.06                | \$1,007.64                       |
| Family (One Medicare)                     | \$2,121.65                | \$1,425.84                       |
| Family (Two Medicare)                     | \$1,508.53                | \$1,425.84                       |
| <b>Kaiser Senior Advantage Plan GA</b>    |                           |                                  |
| Single                                    | \$390.71                  | \$503.87                         |
| Two-Party (Both Medicare)                 | \$781.42                  | \$1,007.64                       |
| Two-Party (One Medicare)                  | \$1,313.64                | \$1,007.64                       |
| Family (One Medicare)                     | \$2,236.57                | \$1,425.84                       |
| Family (Two Medicare)                     | \$1,704.35                | \$1,425.84                       |

| Kaiser Senior Advantage Plan HI |            |            |
|---------------------------------|------------|------------|
| Single                          | \$406.42   | \$503.87   |
| Two-Party (Both Medicare)       | \$812.84   | \$1,007.64 |
| Two-Party (One Medicare)        | \$1,299.44 | \$1,007.64 |
| Family (One Medicare)           | \$2,192.46 | \$1,425.84 |
| Family (Two Medicare)           | \$1,705.86 | \$1,425.84 |

Medicare does not allow you and/or your spouse to be covered under a Kaiser Senior Advantage plan through both the City and another plan sponsor (such as your spouse's former employer). For those members who elected their spouses' plan to be primary, the City is offering a plan designed specifically for Kaiser retirees with double coverage. It is your responsibility to notify the City if you have additional Kaiser coverage outside the City.

|                                   | Total Cost of Plan | Maximum City Contribution |
|-----------------------------------|--------------------|---------------------------|
| Kaiser Double Coverage California |                    |                           |
| Single                            | \$182.60           | \$182.60                  |
| Two-Party                         | \$365.20           | \$365.20                  |

The City is assessed a penalty by Kaiser for retirees over age 65 who do not have Medicare or do not assign Medicare benefits to Kaiser. The cost of the penalty can be over \$14,000 annually. Although the City pays a significant part of medical plan premiums, added costs like this lead to increased retiree premiums. By taking steps to control costs, such as assigning your Medicare benefits, you're helping to keep costs low and allowing the City to preserve the quality benefits available to all City retirees.

| California  | Total Cost of Plan |
|---|--------------------|
| Retiree without Medicare A nor B                    | \$1,305.17         |
| Retiree with Medicare A & B, not assigned to Kaiser | \$992.16           |
| Retiree with Medicare A only, but no B              | \$992.16           |
| Retiree with Medicare B only, assigned to Kaiser    | \$517.31           |

### **UnitedHealthcare Group Medicare Advantage HMO Plan**

The City of Anaheim will continue to offer the UnitedHealthcare Group Medicare Advantage HMO Plan in 2018. This plan is available in California only. The plan was formerly known as the PacifiCare Secure Horizons HMO.

|  | Total Cost of Plan | Maximum City Contribution |
|--|--------------------|---------------------------|
| UnitedHealthCare Group Medicare Advantage HMO CA |                    |                           |
| Single   | \$326.94           | \$707.76                  |
| Two-Party (Both Medicare)                        | \$653.88           | \$1,422.97                |
| Two-Party (One Medicare)                         | \$2,001.76         | \$2,004.21                |

STEP 2. Calculate your rates

| <b><i>If You Retired:</i></b>  | <b><i>The City's Formula For Your Contribution Is:</i></b>   |
|--|--|
| <b>Prior to 1988</b>   | <p><b>Fixed Premium</b> – You pay \$15 for Single or Two Party coverage or \$45 for Family coverage. The City pays the remainder.</p>  |
| <b>1988 – 1993</b>   | <p><b>Fixed Contribution</b> – See your selection form for the amount the City will contribute for benefits. Subtract that number from the cost of the plan.</p> $\frac{\text{Cost of Plan}}{\quad} - \frac{\text{City Contribution}}{\quad} = \frac{\text{Your Monthly Cost}}{\quad}$   |
| <b>As a Sworn Police Officer or Sergeant, retired on or after July 1, 1985 and prior to February 1, 1994</b> | <p><b>Police Benefit</b> – Multiply the cost of the plan times the percentage that you must pay (see the Retiree Information section of your selection form).</p> $\frac{\text{Cost of Plan}}{\quad} \times \frac{\text{Percentage You Pay}}{\quad} = \frac{\text{Your Monthly Cost}}{\quad}$  |
| <b>As an I.B.E.W. Bargaining Unit Employee, retired since February 1, 1984 until September 30, 2005</b>      | <p><b>I.B.E.W. Benefit</b> – Multiply the cost of the plan times 5%. If you are enrolled in Medicare Parts A and B, the City pays 100%.</p> $\frac{\text{Cost of Plan}}{\quad} \times 5\% = \frac{\text{Your Monthly Cost}^*}{\quad}$ <p>*Note-for IBEW workers who retire on or after 10/1/05, please contact the IBEW Trust for your cost at 818-243-0222.</p> |

***If You Retired: The City's Formula For Your Contribution Is:***

**All others\* who retired in 1988 or later** (See your selection form)

**Percentage Contribution** – Multiply the maximum City Contribution times the percentage the City will pay (see the Retiree Information section of your selection form). Then, subtract the result from the total cost of the plan you elected.

$$\text{Step 1} \quad \frac{\text{Maximum City Contribution}}{\text{Maximum City Contribution}} \times \frac{\text{Percentage City Pays}}{\text{Percentage City Pays}} = \frac{\text{City Pays}}{\text{City Pays}}$$

$$\text{Step 2} \quad \frac{\text{Total Cost of Plan}}{\text{Total Cost of Plan}} - \frac{\text{Amount City Pays}}{\text{Amount City Pays}} = \frac{\text{Your Monthly Cost}}{\text{Your Monthly Cost}}$$

**EXAMPLE:** Let's assume you enroll in the Aetna HMO as a Pre-65 Retiree without Medicare, Two Party coverage and the City pays 85%.

$$\text{Step 1} \quad \frac{\$1,422.97}{\text{Maximum City Contribution}} \times \frac{85\%}{\text{Percentage City Pays}} = \frac{\$1,209.52}{\text{City Pays}}$$

$$\text{Step 2} \quad \frac{\$1,993.44}{\text{Total Cost of Plan}} - \frac{\$1,209.52}{\text{Amount City Pays}} = \frac{\$783.92}{\text{Your Monthly Cost}}$$

Call Human Resources for more information.

## CALCULATING YOUR DENTAL PLAN CONTRIBUTIONS

### Dental Plan Eligibility

**Important! I.B.E.W. bargaining unit employees are NOT ELIGIBLE for dental coverage.**

You are eligible for dental coverage if you enroll in a medical plan for 2018, were enrolled in a City dental plan for 2017 and:

- You retired on or after January 1, 1988
- You were a Police bargaining unit employee and retired on or after July 1, 1985.

The cost sharing for the dental plans are based upon your medical contribution formula. In other words, the same percentage or fixed rate calculation used for your medical plan premium will apply to your dental plan premium.

### Dental Plan State Availability

**The Delta Dental PPO plan is available in all states.**

**The DeltaCare USA DHMO plan is available in almost all states. The following are states where the DeltaCare USA DHMO plan is NOT available:**

Massachusetts    Nebraska                      North Dakota  
Minnesota        North Carolina

Eligible retirees who live in one of these 5 states and who wish to enroll for dental coverage in 2017 should enroll in the Delta Dental PPO plan

### Monthly Dental Plan Costs – 2018

#### COST OF PLAN – For use with Fixed Contribution and Police Benefit Formulas

|           | <b>Delta Dental<br/>PPO Plan</b> | <b>DeltaCare USA<br/>DHMO Plan</b> |
|-----------|----------------------------------|------------------------------------|
| Single    | \$57.72                          | \$17.39                            |
| Two-Party | \$98.14                          | \$28.75                            |
| Family    | \$150.07                         | \$42.50                            |

#### COST OF PLAN – For use with Fixed Contribution Formulas

|           | <b>Retired in 1989 or 1990</b> | <b>Retired in 1991-1993</b> |
|-----------|--------------------------------|-----------------------------|
| Single    | \$11.00                        | \$13.23                     |
| Two-Party | \$17.10                        | \$20.58                     |
| Family    | \$24.66                        | \$29.66                     |

#### COST OF PLAN – For use with Percentage Contribution Formulas

|                           | <b>Cost of<br/>Plan</b> | <b>Maximum<br/>City<br/>Contribution</b> |                                | <b>Cost of<br/>Plan</b> | <b>Maximum<br/>City<br/>Contribution</b> |
|---------------------------|-------------------------|--|--------------------------------|-------------------------|--|
| <b>DeltaCare USA DHMO</b> |                         |  | <b>Delta Dental PPO Option</b> |                         |  |
| Single                    | \$17.39                 | \$24.99                                  | Single                         | \$57.72                 | \$24.99                                  |
| Two-Party                 | \$28.75                 | \$38.89                                  | Two Party                      | \$98.14                 | \$38.89                                  |
| Family                    | \$42.50                 | \$56.03                                  | Family                         | \$150.07                | \$56.03                                  |