

2023-24 ECR Retirees H&W Cost Analysis

ECRCHS BENEFITS PLAN SUMMARY	Retiree Age	Coverage	Monthly Cost of Benefit	Annual Cost	Retiree Monthly Contr./ (Cost)	Retiree Annual Contr./ (Cost)
					October 2022 - September 2023	(Paid in full in Sept-Oct)
Blue Shield 65+	Ret 65+ w/A&B	Medicare Suppl.	321.00	3,852.00	-	-
CompanionCare	Ret 65+ w/A&B	Medicare Suppl.	406.00	4,872.00	-	-
CalCare HMO Low Value	Ret < 65	Single	1,076.00	12,912.00	-	-
	Ret < 65	Ret + Spouse	1,516.00	18,192.00	-	-
	Ret < 65	Family	1,926.00	23,112.00	(410.00)	(4,920.00)
CalCare HMO High Premier	Ret < 65	Single	1,211.00	14,532.00	-	-
	Ret < 65	Ret + Spouse	1,713.00	20,556.00	-	-
	Ret < 65	Family	2,178.00	26,136.00	(465.00)	(5,580.00)
BC PPO Low 80-G	Ret < 65	Single	1,224.00	14,688.00	-	-
	Ret < 65	Ret + Spouse	1,718.00	20,616.00	-	-
	Ret < 65	Family	2,183.00	26,196.00	(465.00)	(5,580.00)
BC PPO High 90-G	Ret < 65	Single	1,384.00	16,608.00	(160.00)	(1,920.00)
	Ret < 65	Ret + Spouse	1,951.00	23,412.00	(233.00)	(2,796.00)
	Ret < 65	Family	2,480.00	29,760.00	(762.00)	(9,144.00)
Blue Cross PPO 100-A	Ret 65+ w/A&B	Single	608.00	7,296.00	-	-
	Ret 65+ w/A&B	Ret + Spouse	1,216.00	14,592.00	-	-
	Ret 65+ w/A&B	Family	1,605.00	19,260.00	(389.00)	(4,668.00)
Kaiser HMO Low	Ret < 65	Single	921.00	11,052.00	-	-
	Ret < 65	Ret + Spouse	1,308.00	15,696.00	-	-
	Ret < 65	Family	1,640.00	19,680.00	(332.00)	(3,984.00)
1WM	Ret 65+ w/A&B	Single	188.00	2,256.00	-	-
	Ret 65+ w/A&B	Ret + Spouse	1,109.00	13,308.00	-	-
	Ret 65+ w/A&B	Family	1,441.00	17,292.00	(332.00)	(3,984.00)
Kaiser HMO High	Ret < 65	Single	964.00	11,568.00	-	-
	Ret < 65	Ret + Spouse	1,369.00	16,428.00	-	-
	Ret < 65	Family	1,716.00	20,592.00	(347.00)	(4,164.00)
1WM	Ret 65+ w/A&B	Single	188.00	2,256.00	-	-
	Ret 65+ w/A&B	Ret + Spouse	1,152.00	13,824.00	-	-
	Ret 65+ w/A&B	Family	1,499.00	17,988.00	(347.00)	(4,164.00)
2WM	Ret 65+ w/A&B	Single	188.00	2,256.00	-	-
	Ret 65+ w/A&B	Ret + Spouse	376.00	4,512.00	-	-
	Ret 65+ w/A&B	Family	725.00	8,700.00	(349.00)	(4,188.00)
Delta Care DHMO	Retiree	Single	14.19	170.28	-	-
		Ret + Spouse	27.05	324.60	-	-
		Family	43.62	523.44	(16.57)	(198.84)
Dental PPO 1000	Retiree	Single	49.80	597.60	-	-
		Ret + Spouse	100.00	1,200.00	-	-
		Family	138.60	1,663.20	(38.60)	(463.20)
Dental PPO 2000	Retiree	Single	64.80	777.60	(15.00)	(180.00)
		Ret + Spouse	130.00	1,560.00	(30.00)	(360.00)
		Family	177.60	2,131.20	(77.60)	(931.20)
VSP Vision Plan Signature B	Retiree	Single	8.20	98.40	-	-
		Ret + Spouse	16.40	196.80	-	-
		Family	24.60	295.20	(8.20)	(98.40)
Signature C	Retiree	Single	12.10	145.20	(3.90)	(46.80)
		Ret + Spouse	24.20	290.40	(7.80)	(93.60)
		Family	36.30	435.60	(19.90)	(238.80)

Note: All retirees >65 must have Medicare cards supplied to ECRCHS at the time of the enrollment or in the year of attaining 65 years of age by either retiree or eligible dependent (Additional charges may apply)