

County of Imperial Retirees Tier I*
Medical Monthly Premium Rates
Effective July 1, 2008

MEDICAL	Retiree	Sp/Dep without Medicare	Sp/Dept with Medicare	Dual
COI Contribution	430.05	n/a	n/a	479.5
Plan I	56.97	337.11	287.11	n/a
Plan II	n/a	298.21	248.21	n/a
Plan I Retiree/Active	7.52	n/a	n/a	7.52

DENTAL/ VISION	Retiree	Retiree/ Dep	Dependents Only
Blue Shield Dental	22.84	42.45	22.84
Dental Health Svcs.	22.84	42.45	22.84
Vision Service Plan	3.38	7.54	3.38

** Tier I - If hired prior to 1989, retirees may choose Plan II without paying a premium.*

County of Imperial Retirees Tier II
Medical Monthly Premium Rates
Hired After 1989 with 10+ years
Effective July 1, 2008

Plan 1

Years of County Service

10-15 Years	Retiree	Sp/Dep without Medicare	Sp/Dept with Medicare
Health Premium	487.02	337.11	287.11
County Contribution 25%	121.76	0	0.00
Retiree Contribution	365.26	337.11	287.11

16-20 Years	Retiree	Sp/Dep without Medicare	Sp/Dept with Medicare
Health Premium	487.02	337.11	287.11
County Contribution 50%	243.51	0	0.00
Retiree Contribution	243.51	337.11	287.11

21-24 Years	Retiree	Sp/Dep without Medicare	Sp/Dept with Medicare
Health Premium	487.02	337.11	287.11
County Contribution 75%	365.27	0	0.00
Retiree Contribution	121.75	337.11	287.11

25+ Years	Retiree	Sp/Dep without Medicare	Sp/Dept with Medicare
Health Premium	487.02	337.11	287.11
County Contribution 100%	487.02	0	0.00
Retiree Contribution	0.00	337.11	287.11

Plan 2

Retiree	Sp/Dep without Medicare	Sp/Dep w/Medicare
430.05	298.21	248.21
107.51	0	0
322.54	298.21	298.21

430.05	298.21	248.21
215.03	0	0
215.02	298.21	298.21

430.05	298.21	248.21
322.54	0	0
107.51	298.21	298.21

430.05	298.21	248.21
430.05	0	0
0.00	298.21	298.21

Plan 1 Retiree/Active Dual Coverage

Health Premium \$ 471.98

County Contribution \$ 0

Retiree Contribution \$ 7.52

**County of Imperial Retirees
Blue Shield Medical Plan
Effective July 2008**

	Plan I	Plan II
Maximum Lifetime Benefit Per Employee, Retiree or Dependent	\$5,000,000	\$5,000,000
Annual Deductible (1)		
Individual	\$250	\$500
Family	\$500	\$1,000
In-Hospital Deductible (2)	\$ 250 per incident	\$ 250 per incident
Co-Insurance		
Preferred Providers	20%	20%
Out-of Pocket Limit	\$ 2,000	\$ 4,000
Non-Preferred Providers	40%	40%
Out-of Pocket Limit	\$ 4,000	\$ 8,000
Prescription Drug Benefit		
Deductible per individual	\$ 100 Separate Deductible	\$ 100 Separate Deductible
Co-insurance	20%	20%
Chiropractic Benefit	80%	80%
Annual Maximum	\$125	\$125
Nervous & Mental Disorder		
Inpatient Services	\$ 10K Lifetime Max	\$ 10K Lifetime Max
Outpatient Services	50% up to \$500/year	50% up to \$500/year
Cost Containment (3)	Included	Included

Preventive Care Benefits	Applies to Plan I and II	
	PPO <i>Deductible waived</i>	Non-PPO <i>Deductible Applied</i>
Annual Health Appraisal Examination		
- Annual physical examination	20%	Not covered
- Routine laboratory services, annual mamogram, pap-test, or cervical cancer & HPV screening, annual prostate examination	20%	40%
Well Baby Care Benefits		
- Office visits including eye/ear screening & immunizations, outpatient routine new born circumcision.	20%	Not covered
- Routine laboratory services	20%	40%
Immunizations & vaccinations including flu shot	20%	Not covered
Colorectal cancer screening	20%	Not covered
Osteoporosis screening (medically necessary)	20%	40%
Nurse support	No charge	Not covered

- (1) Deductible waived for Inpatient Services provided by El Centro Regional Medical Center and Pioners Memorial Deductible and Co-Insurance waived for Mexicali, (Mexico) Preferred Providers (PPO).
- (2) In-Hospital deductible is separate from the Annual Deductible and may be charged for inpatient services provided in El Centro Regional Medical Center and Pioneers Memorial Hospital
- (3) Second Surgical Opinion, Hospital Pre-Certification, Length of Stay Review, Pre-Admission Testing and Medical Case Management.