

Dental Rates for Retirees Currently with Blue Cross Blue Shield Insurance Rates Effective January 1, 2017 – December 31, 2017

Retiree Dental Insurance Rates Effective January 1, 2017 – December 31, 2017

Dental Insurance

In-Network	Dental Base	Dental Buy-Up
Calendar Year Deductible	\$50 per person for Type II Services	\$50 per person for Type II Services and Type III Services
Type I Services <ul style="list-style-type: none"> • Routine oral exam-two each calendar year • Cleaning-two each calendar year • Dental X-rays • Fluoride treatment-two each calendar year to age 19 • Sealant application on posterior tooth-one treatment per tooth every three years (to age 14) • Fixed and removable space maintainer (initial appliance only) • Emergency palliative treatment (pain relief) 	100%	100%
Type II Services <ul style="list-style-type: none"> • Fillings • Crown and inlay re-cementing (after 6 months of insertion) • Periodontal services • Endodontal services • Bridge re-cementing (after 6 months of insertion) • Tooth extraction (simple and surgical incl. wisdom teeth) 	60%	100%
Type III Services <ul style="list-style-type: none"> • Crowns • Bridges • Full and partial dentures 	Not Covered	60%
Calendar Year Maximum	\$750 per person	\$1,250 per person
Dependent Limiting Age	26	26
Retiree	\$23.17	\$30.58
Retiree + 1	\$43.55	\$57.49
Family	\$61.02	\$80.55

Medical Rates for Retirees Currently with Blue Cross Blue Shield

Insurance Rates Effective January 1, 2017 – December 31, 2017

Retiree Medical Insurance

Rates Effective January 1, 2017 – December 31, 2017

Medical Insurance

Rates	HMO Base Blue Care	HMO Buy-UP Blue Care	PPO Base Preferred Care Blue	PPO Buy-Up <i>Network Change</i> BlueSelect Plus PPO	BlueSaver Preferred Care Blue	Blue Saver-BSP <i>New Plan</i> BlueSelect Plus PPO
Retiree Under 65	\$813.17	\$825.47	\$712.78	\$712.78	\$658.84	\$607.64
Retiree 65+	\$711.65	\$722.50	\$626.42	\$626.42	\$577.34	\$534.07
Retiree Under 65; +1 Dep Under 65	\$1,285.73	\$1,308.71	\$1,130.06	\$1,130.06	\$1,073.30	\$989.04
Retiree Under 65; +1 Dep 65+	\$1,180.49	\$1,198.45	\$1,037.56	\$1,037.56	\$957.24	\$884.49
Retiree 65+; + 1 Dep Under 65	\$1,159.44	\$1,177.09	\$1,019.65	\$1,019.65	\$940.35	\$869.27
Retiree 65+; + 1 Dep 65+	\$1,005.09	\$1,020.56	\$888.34	\$888.34	\$816.45	\$757.65
Retiree Under 65; Deps Under 65	\$1,623.48	\$1,648.68	\$1,423.62	\$1,423.62	\$1,355.22	\$1,248.77
Retiree Under 65; Deps 65+	\$1,532.54	\$1,555.79	\$1,345.70	\$1,345.70	\$1,242.34	\$1,147.08
Retiree 65+; Deps Under 65	\$1,516.93	\$1,539.96	\$1,332.42	\$1,332.42	\$1,229.81	\$1,135.79
Retiree 65+; Deps 65+	\$1,415.39	\$1,436.99	\$1,246.04	\$1,246.04	\$1,148.31	\$1,062.36
Companion Spouse	\$578.86	\$587.83	\$513.45	\$513.45	\$470.75	\$438.04
Companion Child(ren)	\$609.04	\$620.04	\$539.12	\$539.12	\$482.28	\$448.43

Medical Insurance Continued

Benefits	HMO Base Blue Care	HMO Buy-UP Blue Care	PPO Base Preferred Care Blue	PPO Buy-Up <i>Network Change</i> BlueSelect Plus PPO	BlueSaver Preferred Care Blue	Blue Saver-BSP <i>New Plan</i> BlueSelect Plus PPO
Network	Blue Care HMO	Blue Care HMO	Preferred Care Blue PPO	Blue Select Plus PPO	Preferred Care Blue PPO	Blue Select Plus PPO
In Network Deductible	N/A	N/A	\$1,500 indiv \$3,000 fam	\$1,000 indiv \$2,000 fam	\$3,000 indiv \$6,000 fam	\$3,000 indiv \$6,000 fam
Out of Network Deductible	N/A	N/A	N/A	\$2,000 indiv \$4,000 fam	\$3,000 indiv \$6,000 fam	\$3,000 indiv \$12,000 fam
In Network Coinsurance	N/A	N/A	Your share: 20%	Your share: 20%	Your share: 20%	Your share: 20%
Out of Network Coinsurance	N/A	N/A	Your share: 50%	Your share: 50%	Your share: 40%	Your share: 50%
In Network Out of Pocket Maximum	\$4,000 indiv \$10,000 fam	\$3,650 indiv \$9,125 fam	\$4,500 indiv \$9,000 fam	\$4,500 indiv \$9,000 fam	\$4,000 indiv \$8,000 fam	\$4,000 indiv \$8,000 fam
Out of Network Out of Pocket Maximum	N/A	N/A	\$13,500 indiv \$27,000 fam	\$23,000 indiv \$46,000 fam	\$8,000 indiv \$16,000 fam	\$20,000 indiv \$40,000 fam
Office Visits	\$35 PCP/\$30 PCMH PCP \$70 Specialist copay	\$25 PCP/\$20 PCMH PCP \$50 Specialist copay	Deductible then 20%	\$20 PCP/\$15 PCMH PCP \$40 Specialist copay	Deductible then 20%	Deductible then 20%
Preventative Care	100%	100%	100%	100%	100%	100%
Urgent Care	\$70 copay	\$50 copay	Deductible then 20%	\$40 copay	Deductible then 20%	Deductible then 20%
Emergency Services	\$200 copay	\$100 copay	\$150 copay then deductible then 20%	\$100 copay then deductible then 20%	Deductible then 20%	Deductible then 20%
Inpatient Hospital Services	\$400 copay per member up to \$2,000	\$300 copay per member up to \$1,500	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Scans (MRI's PET, CT etc.)	\$200 copay	\$100 copay	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%
Prescription Drugs	Rx Deductible \$100/\$200 then \$10/\$50/\$70 Retail \$20/\$100/\$140 Mail	Rx Deductible \$100/\$200 then \$10/\$50/\$70 Retail \$20/\$100/\$140 Mail	Rx Deductible \$100/\$200 then \$10/\$50/\$70 Retail \$20/\$100/\$140 Mail	Rx Deductible \$100/\$200 then \$10/\$50/\$70 Retail \$20/\$100/\$140 Mail	Deductible then: \$10/\$50/\$70 Retail \$20/\$100/\$140 Mail	Deductible then: \$10/\$50/\$70 Retail \$20/\$100/\$140 Mail