MONTHLY MEDICAL PREMIUMS

From UnitedHealthcare

Non-Medicare Plans (You and your dependent(s) DO NOT have Medicare Part A and B)					
	Single Per Month:	Family (Single +1) Per Month:	Family (Single +2 or more) Per Month:		
Choice Premier (Nationwide In-Network Only Coverage)	\$1,290.00	\$2,580.00	\$3,612.00		
Choice Value (Nationwide In-Network Only Coverage)	\$886.00	\$1,772.00	\$2,481.00		
Choice Economy (Nationwide In-Network Only Coverage)	\$660.00	\$1,320.00	\$1,848.00		
Medicare Plans (You and your dependent(s) HAVE Medicare Part A and B)					
	One Person Per Month:	Two People Per Month:	Three People Per Month:		
Group Medicare Advantage HMO (Arizona In-Network Only Coverage)	\$96.38	\$192.76	\$289.14		
Group Medicare Advantage PPO (Nationwide In & Out-of-Network Coverage)	\$199.26	\$398.52	\$597.78		

Combination Family Plans (You and your dependent(s) are a combination of non-Medicare and Medicare eligible)

- Combination Plans including the Group Medicare Advantage HMO are only available to members residing in the state of Arizona.
- Combination Plans including the Group Medicare Advantage PPO are available to members nationwide.
- All non-Medicare plans are available to members nationwide.
- · Not all potential family scenarios are included in the chart below. Contact the ASRS if you feel your scenario is not represented.

Combination Plans for only <u>1 person</u> with Medicare	1 person with Medicare and 1 without Medicare Per Month:	1 person with Medicare and 2 or more without Medicare Per Month:
Group Medicare Advantage HMO with Choice Premier	\$1,386.38	\$2,676.38
Group Medicare Advantage HMO with Choice Value	\$982.38	\$1,868.38
Group Medicare Advantage HMO with Choice Economy	\$756.38	\$1,416.38
Group Medicare Advantage PPO with Choice Premier	\$1,489.26	\$2,779.26
Group Medicare Advantage PPO with Choice Value	\$1,085.26	\$1,971.26
Group Medicare Advantage PPO with Choice Economy	\$859.26	\$1,519.26
Combination Plans for <u>2 people</u> with Medicare	2 people with Medicare and 1 without Medicare Per Month:	2 people with Medicare and 2 or more without Medicare Per Month:
	and <u>1 without</u> Medicare	2 or more without Medicare
with Medicare	and 1 without Medicare Per Month:	2 or more without Medicare Per Month:
with Medicare Group Medicare Advantage HMO with Choice Premier	and 1 without Medicare Per Month: \$1,482.76	2 or more without Medicare Per Month: \$2,772.76
with Medicare Group Medicare Advantage HMO with Choice Premier Group Medicare Advantage HMO with Choice Value	and 1 without Medicare Per Month: \$1,482.76 \$1,078.76	2 or more without Medicare Per Month: \$2,772.76 \$1,964.76
with Medicare Group Medicare Advantage HMO with Choice Premier Group Medicare Advantage HMO with Choice Value Group Medicare Advantage HMO with Choice Economy	and 1 without Medicare Per Month: \$1,482.76 \$1,078.76 \$852.76	2 or more without Medicare Per Month: \$2,772.76 \$1,964.76 \$1,512.76

MONTHLY DENTAL PREMIUMS

	Single Per Month	Family (Single +1) Per Month	Family (Single +2 or more) Per Month			
Delta Dental PPO Nationwide Coverage						
Delta Dental High Plan Option	\$38.67	\$77.17	\$109.20			
Delta Dental Low Plan Option	\$17.95	\$37.95	\$69.47			
Cigna DHMO Select States (Excludes AK, ME, MT, NH, NM, ND, PR, SD, VI, VT, and WY)						
Cigna DHMO	\$10.24	\$16.79	\$25.94			

