

Monthly Contribution Rates for PFSP, DCU and ATU Early Retirees

Medical and Prescription Drug Coverage

Effective January 1, 2017

	Providence Open Option Plan	Kaiser Permanente HMO	Providence Personal OptionPlan
For Early Retirees who re partner (available for five		themselves and 50% contribut	ion for spouse/domestic
Retiree only	\$158	\$144	\$240
Retiree + one	\$490	\$462	\$659
Retiree + family	\$995	\$807	\$1,235
-	ceive District contribution for er dependent child(ren) (availa	themselves only, who do not h able for five years)	ave a spouse/domestic
Retiree only	\$158	\$144	\$240
Retiree + one	\$664	\$636	\$833
Retiree + family	\$1,169	\$981	\$1,409
For Early Retirees who re District contribution)	ceive no District contribution	(100% retiree-paid before or a	fter five-year period of
Retiree only	\$506	\$492	\$588
Retiree + one	\$1,012	\$984	\$1,181
Retiree + family	\$1,517	\$1,329	\$1,757

Important: Rates are evaluated annually and are subject to change.

Voluntary Dental/Vision Plans

You may elect Trust Dental/Vision Plan coverage on a self-pay basis as a package; neither dental nor vision is available separately. If you are enrolled in Early Retiree Trust Dental/Vision but decide to decline coverage in the future, you cannot re-enroll in the Early Retiree Trust Dental/Vision at a later date. Early Retiree Kaiser HMO medical includes vision benefits; dental may be elected separately for Early Retirees enrolled in Kaiser HMO.

	Providence Open Option Plan Dental/Vision	Kaiser Permanente HMO Trust Dental only (Kaiser medical includes vision)	Providence Personal Option Plan Dental/Vision
Basic			
Retiree only	\$39	\$35	\$39
Retiree + one	\$73	\$65	\$73
Retiree + family	\$122	\$113	\$122
Buy-up			
Retiree only	\$61	\$55	\$61
Retiree + one	\$117	\$104	\$117
Retiree + family	\$193	\$179	\$193

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