

2008 LANL Retiree Non-Medicare (Pre-65) Monthly Health Insurance Premiums*

	Retiree Only	LANL	Spouse Only	LANL	Retiree + Spouse	LANL	Retiree + Children	LANL	Spouse + Children	LANL	Retiree + Family	LANL	Children Only	LANL
Select EPO	\$78.77	\$348.24	\$86.64	\$383.06	\$165.41	\$731.30	\$141.77	\$626.83	\$149.65	\$661.66	\$228.42	\$1,009.90	\$63.01	\$278.59
Options PPO	\$189.38	\$348.24	\$208.33	\$383.06	\$397.71	\$731.30	\$340.89	\$626.83	\$359.82	\$661.66	\$549.20	\$1,009.90	\$151.50	\$278.59
Options PPO National and Out of Area	\$63.66	\$348.24	\$70.03	\$383.06	\$133.69	\$731.30	\$114.58	\$626.83	\$120.96	\$661.66	\$184.62	\$1,009.90	\$50.94	\$278.59
Blue Cross CORE NM	\$0.00	\$183.58	\$0.00	\$202.29	\$0.00	\$385.87	\$0.00	\$330.91	\$0.00	\$349.62	\$0.00	\$533.20	\$0.00	\$147.33

You may determine Split-Medicare cost by applying the cost listed in the columns above for any/all covered members who are not coordinated with Medicare in conjunction with the cost listed in the table below for covered members who are enrolled in Medicare. **For example:** a Retiree is enrolled in Medicare, but her spouse is not. They are enrolled in the UHC EPO Plan. The Retiree's cost is determined using the Post 65 Premium for Retiree Only in EPO in the chart below; and for the spouse, using the Pre-65 Premium for Spouse Only in Select EPO in the chart above. After accounting for any Medicare Part B Reimbursement, the remainder represents the amount she owes or is credited every month for Split-Medicare Coverage.

Select EPO Retiree Post 65 Monthly Premium	\$0.00
Select EPO Non-Medicare Spouse Only Premium	\$86.64
Medicare Part B Reimbursement (Credit)	(\$102.90)
TOTAL Split-Medicare Monthly Premium (Credit)	(\$16.26)
<i>In this example, the retiree would pay nothing, but receive a reduced Part B Reimbursement</i>	

2008 LANL Retiree Medicare (Post-65) Monthly Health Insurance Premiums*

	Retiree Only	LANL	Spouse Only	LANL	Retiree + Spouse	LANL	Retiree + Children	LANL	Spouse + Children	LANL	Retiree + Family	LANL	Children Only	LANL
Select EPO	\$0.00	\$190.90	\$0.00	\$209.99	\$0.00	\$400.88	\$0.00	\$362.71	\$0.00	\$381.80	\$0.00	\$572.70	\$0.00	\$171.81
Options PPO	\$0.00	\$175.36	\$0.00	\$192.91	\$0.00	\$368.27	\$0.00	\$333.20	\$0.00	\$350.74	\$0.00	\$526.10	\$0.00	\$157.83
Options PPO National and Out of Area	\$0.00	\$173.15	\$0.00	\$190.46	\$0.00	\$363.61	\$0.00	\$328.99	\$0.00	\$346.30	\$0.00	\$519.45	\$0.00	\$155.84
Blue Cross CORE NM	\$0.00	\$237.87	\$0.00	\$237.87	\$0.00	\$475.73	\$0.00	\$475.73	\$0.00	\$475.73	\$0.00	\$713.60	\$0.00	\$237.87

Benefits Paid 100% by LANL (no cost to Retiree)	
Level of Coverage	Dental
Self	\$35.98
Adult + Children	\$72.98
Two Adults	\$67.18
Family	\$119.21

ARAG	
Level of Coverage	
Self	10.73
Adult + Children	14.37
Two Adults	14.37
Family	15.59

*Please note that your rates are subject to graduated eligibility provisions if you were hired after January 1, 1990.