2022 RETIREE HEALTH INSURANCE MONTHLY RATES

MEDICAL & PHARMACY	None on Medicare	One on Medicare	Two on Medicare
UHC HDHP (Base Plan)			
Retiree	588.01	437.76	
Retiree + SP/DP	1,264.72	1,114.04	888.66
Retiree + CH	1,081.48	931.11	931.11
Retiree + CH with OAD	1,124.81	974.44	
Retiree + Family	1,848.74	1,698.45	1,548.20
Retiree + Fam with OAD	1,892.07	1,741.78	1,591.53
UHC HDHP OON (Out of Network)			
Retiree	670.61	415.31	
Retiree + SP/DP	1,442.30	1,060.40	898.68
Retiree + CH	1,233.33	888.94	
Retiree + CH with OAD	1,276.66	932.27	
Retiree + Family	2,108.30	1,566.40	1,470.59
Retiree + Fam with OAD	2,151.63	1,609.73	1,513.92
UHC CDH			
Retiree	955.38	699.53	
Retiree + SP/DP	2,054.66	1,679.53	1,364.91
Retiree + CH	1,757.02	1,414.32	
Retiree + CH with OAD	1,800.35	1,457.65	
Retiree + Family	3,003.54	2,525.98	2,364.48
Retiree + Fam with OAD	3,046.87	2,569.31	2,407.81

If you or your spouse/domestic partner are eligible for Medicare, the County's health plans will only pay as secondary. Please enroll in Medicare Part A and B as soon as you are eligible. Please provide copy of Medicare card showing Parts A and B with this enrollment form to receive the reduced rates.

TIER OF COVERAGE	DENTAL		UHC VISION
	HUMANA DHMO	UHC DPPO	
Retiree	$11.30	$32.97	$7.78
Retiree + Spouse/DP	$20.30	$65.44	$15.59
Retiree + Child(ren)	$22.58	$76.76	$14.78
Family	$27.09	$109.23	$23.23

If you wish to make changes or stop your coverage, contact Benefits Outsource Inc.
Email: benefits@boibenefits.com
Tel: 954-680-7626 | Fax: 877-220-3249
5599 S University Drive, Suite 201, Davie, FL 33328