

STATE RETIREE HEALTH BENEFITS PROGRAM -- MEDICARE-ELIGIBLE PLANS

MONTHLY PREMIUMS – Effective January 1 – December 31, 2004

PLAN	ONE PERSON	TWO PERSONS*
<i>Advantage 65</i>	\$244	\$488
<i>Advantage 65 + Dental/Vision</i>	\$271	\$542

NOT AVAILABLE TO NEW ENROLLEES

<i>Option I – Medicare Complementary</i>	\$216	\$432
<i>Option II – Medicare Supplemental</i>	\$302	\$604
<i>Option II + Dental/Vision</i>	\$329	\$658

*Two persons may choose the same plan or different Medicare-eligible plans; the total premium is the sum of each selection.

Important: Timely payment of the total premium is the State retiree group member's responsibility whether the premium is withheld from a retirement benefit or billed directly by the health plan. Failure to pay premiums within 31 days of the due date will result in termination of coverage.