

RETIREE GROUP MONTHLY PREMIUMS

MEDICARE-ELIGIBLE PLANS *(Effective January 1 - December 31, 2003)*

	ONE PERSON	TWO PERSONS*
<i>Advantage 65</i>	\$236	\$472
<i>Advantage 65 + Dental/Vision</i>	\$263	\$526

NOT AVAILABLE TO NEW ENROLLEES

<i>Option I - Medicare Complementary</i>	\$201	\$402
<i>Option II - Medicare Supplemental</i>	\$274	\$548
<i>Option II + Dental/Vision</i>	\$301	\$602

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

DRUG ONLY AND DENTAL/VISION

(Effective January 1 – March 31, 2003 for current members only)

<i>Drug Only Plan</i>	\$136
<i>Dental/Vision</i>	\$ 27
<i>Drug Only with Dental/Vision</i>	\$163

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.