



LABORERS HEALTH AND WELFARE TRUST FUND FOR NORTHERN CALIFORNIA
RETIRED PLAN RATE SHEET
MONTHLY SELF-PAYMENT RATES EFFECTIVE MARCH 1, 2004

If you earned less than 10 years of Credited Service or you are under age 55, your premium is 100% of the rate specified below. If you meet one of the following criteria, you will pay either 50% or 75% of the specified amount below:

- 50%** - You are age 55 or over (age 55 means the month following your 55th birthday) and earned 25 Years of Credited Service, or
 Regardless of age and Years of Credited Service, you were approved a Disability Pension based on a Social Security Disability Award, or
 Regardless of Years of Credited Service, you are age 70 (age 70 means the month following your 70th birthday)
- 75%** - You are age 55 or over (age 55 means the month following your 55th birthday) and earned 10 - 24 Years of Credited Service

NOTE: These rates DO NOT include the cost of coverage for dental and/or vision benefits. If you have elected dental and/or vision coverage, these benefits will be provided at an additional monthly cost of \$24 for dental and \$6 for vision, or \$30 for both dental and vision.

TYPE OF COVERAGE	LABORERS MANAGED CARE PLAN	HEALTH NET ("Regular Retiree" Program)	HEALTH NET SENIORITY PLUS ("Medicare-Risk" Program)	KAISER PERMANENTE (Non-Medicare Eligible)	KAISER PERMANENTE SENIOR ADVANTAGE ("Medicare-Risk" Program)	PACIFICARE (Non-Medicare Eligible)	PACIFICARE SECURE HORIZONS ("Medicare-Risk" Program)
One Medicare	\$179.00	\$275.00	\$310.00	NOT AVAILABLE	\$270.00	NOT AVAILABLE	\$345.00
One Non-Medicare	\$352.00	\$538.00	NOT AVAILABLE	\$382.00	NOT AVAILABLE	\$523.00	NOT AVAILABLE
Two Medicare	\$358.00	\$551.00	\$619.00	NOT AVAILABLE	\$540.00	NOT AVAILABLE	\$690.00
Two Non-Medicare	\$704.00	\$1,077.00	NOT AVAILABLE	\$764.00	NOT AVAILABLE	\$1,046.00	NOT AVAILABLE
One Medicare and One Non-Medicare	\$531.00	\$814.00	\$848.00	\$652.00	\$652.00	\$868.00	\$868.00
Family (3 or more)	Spousal rates include coverage for any eligible dependent children.	\$1,558.00*	\$310.00 per Medicare eligible family member; Non-Medicare family member may enroll in Health Net "Regular Retiree" Program. Call Fund Office for specific rates.	\$1,081.00*	\$270.00 per Medicare eligible family member; Non- Medicare family member may enroll in Kaiser Non-Medicare Plan. Call Fund Office for specific rates.	\$1,317.00*	\$345.00 per Medicare eligible family member; Non-Medicare family member may enroll in PacifiCare Non- Medicare Plan. Call Fund Office for specific rates.

*Rates shown assume ALL family members are Non-Medicare eligible.
 If your family mix is different from above or your type of coverage is not shown above,
 please call the Fund Office for the specific self-payment rate. Plan rates are subject to change.