

## YOSEMITE COMMUNITY COLLEGE DISTRICT

Retiree Monthly Premium Sheet - Effective October 1, 2015 through September 30, 2016

RETIREE DENTAL AND VISION OPTIONS	TOTAL RATE	PAID BY DISTRICT	PAID BY RETIREE
<b><u>Delta Dental Premier/Incentive Plan</u></b>			
Single	\$ 68	\$0	\$ 68
Retiree + Spouse	\$136	\$0	\$136
Retiree + Spouse with Dependents	\$179	\$0	\$179
<b><u>Delta Dental PPO Plan (100% - Excludes Orthodontia)</u></b>			
Single	\$ 63	\$0	\$ 63
Retiree + Spouse	\$126	\$0	\$126
Retiree + Spouse with Dependents	\$166	\$0	\$166
<b><u>Vision Service Plan</u></b>			
Single	\$12.40	\$0	\$12.40
Retiree + Spouse	\$24.80	\$0	\$24.80
Retiree + Spouse with Dependents	\$37.20	\$0	\$37.20

**This is a ONE TIME ONLY offer for current retirees which ends 08/25/15. Employees retiring on or after this date will have the opportunity to elect these coverages only at the time of their retirement.**

Retirees are responsible for the monthly premium amount and must submit payments by the first of each coverage month to: YCCD- Fiscal Services, Attn: Lori Williams, P.O. Box 4065 Modesto, CA 95352.

**IMPORTANT!** If you are dropped for non-payment, you cannot reinstate at a later time. Discontinuation of coverage cannot be reversed -- even at open enrollment.

Contact the Benefits Office with any questions at (209) 575-6981.