



**State of Washington**  
**2011 New Business Group Retiree Medical**  
**Co-Pay Monthly Plan Rates**  
 Monthly Administration Fee is an additional \$10.00 per member per month.  
 Monthly Plan Rates effective 1/1/2011



Plan Deductible:	\$0	\$100	\$150	\$250	\$500	\$750	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$4,000
<b>AREA 1</b>												
Age - 65	\$129.69	\$120.27	\$115.64	\$109.78	\$96.78	\$85.88	\$75.82	\$60.27	\$48.39	\$39.78	\$33.42	\$25.80
66 - 69	\$141.47	\$131.20	\$126.14	\$119.77	\$105.58	\$93.68	\$82.70	\$65.74	\$52.79	\$43.40	\$36.45	\$28.15
70 - 74	\$174.63	\$164.19	\$158.89	\$152.39	\$137.33	\$124.20	\$111.79	\$92.11	\$76.59	\$64.89	\$55.90	\$44.30
75 - 79	\$206.08	\$195.30	\$189.68	\$182.90	\$166.74	\$152.32	\$138.45	\$116.13	\$98.15	\$84.26	\$73.39	\$58.77
80 - 84	\$252.32	\$240.87	\$234.71	\$227.14	\$209.01	\$192.54	\$176.61	\$150.37	\$128.75	\$111.66	\$98.08	\$79.10
85 +	\$269.82	\$258.06	\$251.67	\$243.61	\$224.54	\$207.24	\$190.53	\$162.80	\$139.79	\$121.50	\$106.91	\$86.32
<b>AREA 2</b>												
Age - 65	\$149.14	\$138.31	\$132.98	\$126.25	\$111.30	\$98.77	\$87.19	\$69.30	\$55.64	\$45.75	\$38.43	\$29.67
66 - 69	\$162.69	\$150.88	\$145.08	\$137.73	\$121.42	\$107.74	\$95.11	\$75.61	\$60.71	\$49.91	\$41.92	\$32.38
70 - 74	\$200.82	\$188.82	\$182.72	\$175.24	\$157.92	\$142.83	\$128.54	\$105.93	\$88.08	\$74.62	\$64.28	\$50.94
75 - 79	\$236.99	\$224.59	\$218.14	\$210.33	\$191.74	\$175.17	\$159.23	\$133.55	\$112.87	\$96.90	\$84.39	\$67.58
80 - 84	\$290.15	\$277.00	\$269.92	\$261.22	\$240.35	\$221.43	\$203.10	\$172.94	\$148.07	\$128.42	\$112.79	\$90.97
85 +	\$310.30	\$296.76	\$289.41	\$280.15	\$258.22	\$238.32	\$219.10	\$187.22	\$160.75	\$139.72	\$122.95	\$99.28
<b>AREA 3</b>												
Age - 65	\$162.10	\$150.34	\$144.54	\$137.22	\$120.97	\$107.35	\$94.77	\$75.32	\$60.48	\$49.73	\$41.77	\$32.26
66 - 69	\$176.84	\$164.00	\$157.68	\$149.70	\$131.97	\$117.10	\$103.38	\$82.18	\$65.98	\$54.25	\$45.57	\$35.20
70 - 74	\$218.29	\$205.24	\$198.60	\$190.49	\$171.66	\$155.25	\$139.73	\$115.13	\$95.74	\$81.11	\$69.88	\$55.37
75 - 79	\$257.60	\$244.13	\$237.11	\$228.62	\$208.42	\$190.40	\$173.07	\$145.17	\$122.68	\$105.33	\$91.73	\$73.46
80 - 84	\$315.39	\$301.08	\$293.39	\$283.93	\$261.26	\$240.68	\$220.76	\$187.96	\$160.94	\$139.58	\$122.60	\$98.87
85 +	\$337.27	\$322.57	\$314.57	\$304.51	\$280.68	\$259.05	\$238.16	\$203.50	\$174.74	\$151.86	\$133.65	\$107.91
<b>AREA 4</b>												
Age - 65	\$175.07	\$162.37	\$156.11	\$148.20	\$130.66	\$115.94	\$102.35	\$81.35	\$65.31	\$53.70	\$45.11	\$34.84
66 - 69	\$190.98	\$177.12	\$170.29	\$161.67	\$142.53	\$126.47	\$111.65	\$88.76	\$71.26	\$58.59	\$49.21	\$38.01
70 - 74	\$235.76	\$221.66	\$214.50	\$205.72	\$185.39	\$167.66	\$150.92	\$124.35	\$103.39	\$87.60	\$75.47	\$59.81
75 - 79	\$278.21	\$263.66	\$256.08	\$246.91	\$225.10	\$205.63	\$186.91	\$156.79	\$132.51	\$113.75	\$99.08	\$79.33
80 - 84	\$340.62	\$325.16	\$316.86	\$306.64	\$282.17	\$259.93	\$238.41	\$203.00	\$173.81	\$150.74	\$132.41	\$106.78
85 +	\$364.26	\$348.38	\$339.75	\$328.86	\$303.12	\$279.76	\$257.21	\$219.77	\$188.73	\$164.01	\$144.34	\$116.54
<b>AREA 5</b>												
Age - 65	\$194.53	\$180.40	\$173.45	\$164.67	\$145.17	\$128.82	\$113.73	\$90.39	\$72.57	\$59.68	\$50.12	\$38.72
66 - 69	\$212.20	\$196.80	\$189.22	\$179.64	\$158.37	\$140.53	\$124.06	\$98.62	\$79.18	\$65.10	\$54.68	\$42.23
70 - 74	\$261.95	\$246.28	\$238.33	\$228.59	\$205.98	\$186.30	\$167.67	\$138.16	\$114.88	\$97.34	\$83.85	\$66.45
75 - 79	\$309.12	\$292.95	\$284.53	\$274.34	\$250.09	\$228.47	\$207.69	\$174.20	\$147.23	\$126.39	\$110.08	\$88.15
80 - 84	\$378.46	\$361.29	\$352.07	\$340.71	\$313.50	\$288.81	\$264.91	\$225.56	\$193.13	\$167.49	\$147.11	\$118.65
85 +	\$404.73	\$387.08	\$377.48	\$365.40	\$336.80	\$310.84	\$285.78	\$244.19	\$209.68	\$182.24	\$160.39	\$129.50

**Medical Coverage Underwritten by Guarantee Trust Life Insurance Company**  
**Offered through the Merchants Industry Fund Group Insurance Trust - Administered by Gilsbar, Inc.**  
 For more information, contact Seniors Choice at 1-800-800-6543 or visit [www.seniorschoiceplan.com](http://www.seniorschoiceplan.com).



**Monthly Plan Rates effective 1/1/2011**

**Additional Skilled Nursing \$7.03 per month**

Covered after SC Plan deductible, from 101 through 365 days; up to \$125 per day

**Private Duty Nursing \$8.12 per month**

Covered after SC Plan deductible, \$100 per 8 hour shift; 30 shifts per calendar year

**At Home Recovery \$17.85 per month**

Covered after SC Plan deductible, up to \$40/visit and 7 visits per week;  
\$1600 per calendar year maximum

**Comprehensive Wellness \$12.98 per month**

Subject to a calendar year maximum benefit amount of \$250 (not subject to a plan deductible)

Wellness Care includes, but is not limited to:

- Alternative health care such as massage and acupuncture
- Dental and vision check-ups
- Annual physical examinations
- Chronic disease self-management programs
- Alcohol dependency, substance abuse prevention and violence prevention counseling

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