

**2010 MONTHLY PREMIUM COMPARRISON OF MEDICA AND HEALTH PARTNERS  
FOR POST 90 OCCUPATIONAL RETIREES**

**(\*NOTE: PREMIUM CONTRIBUTION INCLUDES MEDICAL AND DENTAL COVERAGE)**

	<b>Retiree (Medicare Eligible)</b>		
	United Health Care (UHC) & Medica Preferred Provider Plan (PPO)	United Health Care (UHC) <b>NO-NETWORK</b>	Health Partners of Minnesota
Single	\$13.00	\$13.00	\$110.00
Single + (1 Medicare Dependent)	\$27.00	\$27.00	\$219.00
Single + (1 NON-Medicare Dependent)	\$111.00	\$111.00	\$455.00
Family (Medicare Dependent)	\$246.00	\$246.00	\$597.00
Family (NON-Medicare Dependent)	\$336.00	\$336.00	\$839.00

\*For information on the High Deductable Plan, please call the Local

	<b>Retiree (Non-Medicare Eligible)</b>		
	United Health Care (UHC) & Medica Preferred Provider Plan (PPO)	United Health Care (UHC) <b>NO-NETWORK</b>	Health Partners of Minnesota
Single	\$102.00	\$102.00	\$349.00
Single + (1 Medicare Dependent)	\$116.00	\$116.00	\$459.00
Single + (1 NON-Medicare Dependent)	\$202.00	\$202.00	\$693.00
Family (Medicare Dependent)	\$338.00	\$338.00	\$836.00
Family (NON-Medicare Dependent)	\$427.00	\$427.00	\$1,072.00