

Surviving Spouses

2010- 2011 Plan Year

The following monthly premiums are effective **October 1, 2010 - September 30, 2011**. These premium rates do not include the \$27 monthly tobacco surcharge.

Type of Contract	Monthly Premium for PEEHIP Hospital Medical or the VIVA Health Plan
Individual Coverage/Non-Medicare-eligible Survivor	\$701
Family Coverage/Non-Medicare-eligible Survivor and Non-Medicare-eligible Dependents	\$890
Family Coverage/Non-Medicare-eligible Survivor and Only Dependent Medicare-eligible	\$859
Individual Coverage/Medicare-eligible Survivor	\$369
Family Coverage/Medicare-eligible Survivor and Non-Medicare-eligible Dependent(s)	\$558
Family Coverage/Medicare-eligible Survivor and Only Dependent Medicare-eligible	\$527
Optional (Each) – Cancer, Indemnity, Vision, Single Dental	\$ 38
Family Dental Premium	\$45