

## Surviving Spouses

### 2011- 2012 Plan Year

The following monthly premiums are effective **October 1, 2011 - September 30, 2012**. These **premium rates do not include the \$28 monthly tobacco surcharge**.

Type of Contract	Monthly Premium for PEEHIP Hospital Medical or the VIVA Health Plan
Individual Coverage/Non-Medicare-eligible Survivor	\$658
Family Coverage/Non-Medicare-eligible Survivor and Non-Medicare-eligible Dependents	\$847
Family Coverage/Non-Medicare-eligible Survivor and Only Dependent Medicare-eligible	\$816
Individual Coverage/Medicare-eligible Survivor	\$328
Family Coverage/Medicare-eligible Survivor and Non-Medicare-eligible Dependent(s)	\$517
Family Coverage/Medicare-eligible Survivor and Only Dependent Medicare-eligible	\$486
Optional (Each) – Cancer, Indemnity, Vision, Single Dental	\$ 38
Family Dental Premium	\$45