



**CITY OF VENICE
HEALTH INSURANCE PLAN**



**RETIREE
CONTRIBUTIONS
FOR 01/01/2012**

EFFECTIVE DATE: January 1, 2012

PROVIDER: BLUE CROSS BLUE SHIELD OF FLORIDA, INC.

Plan: BLUEMEDICARE PPO PLAN
MEDICARE ADVANTAGE PLAN

MONTHLY CONTRIBUTIONS

LEVEL OF COVERAGE	MONTHLY CONTRIBUTION
Retiree	\$ 111.97
Spouse	\$ 111.97

**In order to participate each enrollee must be Medicare eligible
and have both Medicare Parts A & B**

If any member of your household is not eligible to participate in the BlueMedicare Plan, he or she will remain enrolled in the city's self-insured plan and pay the appropriate monthly contribution