## 2024 Monthly Premiums

## **Retiree Medical Plans**

	VALUE CDH PLAN	CHOICE PPO PLAN	SELECT EPO PLAN
Retiree-Only, Under Age 65	\$1,312.31	\$1,419.27	\$1,568.76
Spouse-Only, Under Age 65	\$1,312.31	\$1,419.27	\$1,568.76
Dependent (1), Under Age 65	\$1,312.31	\$1,419.27	\$1,568.76
Retiree + Spouse, Both Under Age 65	\$2,957.57	\$3,198.61	\$3,535.54
Retiree + Child(ren), All Under Age 65	\$2,545.89	\$2,753.37	\$3,043.42
Spouse + Child(ren), All Under Age 65	\$2,545.89	\$2,753.37	\$3,043.42
Dependent, 2 or More Under Age 65	\$2,545.89	\$2,753.37	\$3,043.42
Retiree + Family, All Under Age 65	\$3,543.25	\$3,832.02	\$4,235.69

## **Retiree Dental Plans**

	COMPREHENSIVE DENTAL PLAN	PREVENTIVE DENTAL PLAN
Retiree-Only	\$ 47.56	\$ 17.40
Retiree + Spouse	\$ 95.12	\$ 34.80
Retiree + Child(ren)	\$ 99.92	\$ 36.54
Retiree + Family	\$147.46	\$ 53.94

## **Retiree Vision Plan**

Retiree-Only	\$ 6.72
Retiree + Spouse	\$13.44
Retiree + Child(ren)	\$14.13
Retiree + Family	\$22.59