

2024 RETIREE INSURANCE MONTHLY HEALTH RATES

HEALTH (Medical & Pharmacy)	None on Medicare	One on Medicare	Two on Medicare
UHC HDHP OON (In / Out of Network)			
Retiree	671.30	526.52	
Retiree + SP/DP	1,443.86	1,226.85	1,009.68
Retiree + CH	1,234.66	1,028.36	
Retiree + CH with Over Age Dep*	1,277.99	1,071.69	
Retiree + Family	2,110.60	1,860.80	1,716.02
Retiree + Fam with Over Age Dep*	2,153.93	1,904.13	1,759.35
UHC CDH (In Network)			
Retiree	1,090.72	805.64	
Retiree + SP/DP	2,345.94	1,901.37	1,676.27
Retiree + CH	2,005.91	1,604.80	
Retiree + CH with Over Age Dep*	2,092.57	1,648.13	
Retiree + Family	3,428.97	2,847.65	2,692.04
Retiree + Fam with Over Age Dep*	3,515.63	2,890.98	2,735.37

*Listed rates include a \$43.33 monthly surcharge

TIER OF COVERAGE	DENTAL		HUMANA VISION
	HUMANA DHMO	UHC DPPO	
Retiree	11.74	35.66	8.91
Retiree + Spouse/DP	21.10	70.79	17.85
Retiree + Child(ren)	23.49	83.03	16.92
Family	28.17	118.15	26.61

If you wish to make changes or stop your coverage, contact Benefits Outsource Inc.

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