

## Retiree Rates 2024

Health Monthly Premiums			
Coverage	Group Medicare Advantage PPO (UnitedHealthcare)	Legacy Retiree PPO (BCBSIL)	Legacy Retiree HMO (BCBSIL)
You under 65	Post-65 only  <b>\$413.89</b> per person  Contact UHC to enroll at 844-481-8822	\$1,147	\$626
You + Spouse under 65		\$2,510	\$1,372
You + Child(ren) under 65		\$2,138	\$1,184
You + Spouse + Child(ren) under 65		\$3,770	\$2,067
You over 65		\$854	\$850
You + Spouse over 65		\$1,706	\$1,698
You + Child(ren) over 65		\$1,875	\$1,939
You + Spouse + Child(ren) over 65		\$2,731	\$2,791
You over 65 + Spouse under 65		\$2,109	\$1,537
You under 65 + Spouse over 65		\$2,109	\$1,537
You over 65 + Spouse under 65 + Child(ren)		\$3,251	\$2,531
You under 65 + Spouse over 65 + Child(ren)		\$3,251	\$2,531

Dental Monthly Premiums				
Coverage	You Only	You + Spouse	You + Child(ren)	You + Spouse + Child(ren)
UnitedHealthcare PPO	Included With UHC Health Premium Noted Above			
Legacy Retiree PPO (BCBSIL)	\$53	\$115	\$129	\$183
Legacy Retiree HMO (Guardian)	\$14	\$27	\$28	\$42

Vision Monthly Premiums				
Coverage	You Only	You + Spouse	You + Child(ren)	You + Spouse + Child(ren)
UnitedHealthcare PPO	Included With UHC Health Premium Noted Above			
Legacy Retiree PPO (EyeMed)	\$10	\$20	\$23	\$28