

2025 Retiree Rates

Health Monthly Premiums			
Coverage	Group Medicare Advantage PPO (UnitedHealthcare)	Legacy Retiree PPO (BCBSIL)	Legacy Retiree HMO (BCBSIL)
You under 65	Post-65 only \$573.34 per person Contact UHC to enroll at 844-481-8822	\$1,282	\$765
You + Spouse under 65		\$2,805	\$1,675
You + Child(ren) under 65		\$2,389	\$1,445
You + Spouse + Child(ren) under 65		\$4,213	\$2,525
You over 65		\$959	\$1,045
You + Spouse over 65		\$1,917	\$2,088
You + Child(ren) over 65		\$2,103	\$2,378
You + Spouse + Child(ren) over 65		\$3,065	\$3,426
You over 65 + Spouse under 65		\$2,361	\$1,884
You under 65 + Spouse over 65		\$2,361	\$1,884
You over 65 + Spouse under 65 + Child(ren)		\$3,890	\$2,802
You under 65 + Spouse over 65 + Child(ren)		\$3,890	\$2,802

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)	\$77	\$166	\$187	\$265
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 (BCBSIL/EyeMed)	\$10	\$20	\$23	\$28