



**Medical Plan Monthly Premium Rate Schedule
Retirees and Long-Term Disability Recipients**

January 1, 2024 through December 31, 2024

	Retirees	Long-Term Disability		
	Monthly Premium	Total Cost	University Subsidy	Monthly Premium
Blue Cross and Blue Shield				
Single without Medicare A&B	\$2,093.78	\$2,093.78	\$641.83	\$1,451.96
Single with Medicare A&B	\$1,360.96	\$1,360.96	\$641.83	\$719.13
2 Person both without Medicare A&B	\$4,606.33	\$4,606.33	\$1,390.71	\$3,215.61
2 Person 1 with 1 without Medicare A&B	\$3,454.74	\$3,454.74	\$1,390.71	\$2,064.03
2 Person both with Medicare A&B	\$2,721.92	\$2,721.92	\$1,390.72	\$1,331.20
Family (1 with 2 without Medicare A&B)	\$5,967.29	\$5,967.29	\$1,551.49	\$4,415.79
Family (All without Medicare A&B)	\$5,653.22	\$5,653.22	\$1,579.85	\$4,073.37
Family (2 with and 1 without Medicare A&B)	\$4,815.70	\$4,815.70	\$1,580.63	\$3,235.07
Blue Care Network (HMO)				
Single without Medicare A&B	\$828.92	\$828.92	\$729.45	\$99.47
Single with Medicare A&B	\$1,009.34	\$1,009.34	\$666.16	\$343.18
2 Person both without Medicare A&B	\$1,906.50	\$1,906.50	\$1,677.72	\$228.78
2 Person 1 with 1 without Medicare A&B	\$1,838.26	\$1,838.26	\$1,599.29	\$238.97
2 Person both with Medicare A&B	\$2,018.68	\$2,018.68	\$1,534.19	\$484.49
Family (1 with 2 without Medicare A&B)	\$2,915.84	\$2,915.84	\$1,662.03	\$1,253.81
Family (All without Medicare A&B)	\$1,989.40	\$1,989.40	\$1,750.67	\$238.73
Health Alliance Plan (HMO)				
Single w/out Medicare	\$1,590.35	\$1,590.35	\$733.77	\$856.58
Single with Medicare	\$963.84	\$963.84	\$617.57	\$346.27
2 Person both w/out Medicare	\$3,689.62	\$3,689.62	\$1,690.15	\$1,999.47
2 Person Sub w/out Medicare, Sp w/ Medicare	\$2,554.19	\$2,554.19	\$1,576.71	\$977.48
2 Person Sub w/ Medicare, Sp w/out Medicare	\$3,063.11	\$3,063.11	\$1,592.82	\$1,470.29
2 Person Sub w/ Medicare, Child w/out Medicare	\$3,063.11	\$3,063.11	\$1,592.82	\$1,470.29
2 Person both with Medicare	\$1,927.68	\$1,927.68	\$1,421.25	\$506.43
Family all w/out Medicare	\$3,848.66	\$3,848.66	\$1,807.37	\$2,041.29
Family Sub, Spouse (Medicare) & Child	\$4,653.46	\$4,653.46	\$1,721.78	\$2,931.68
Family Sub, Spouse (Medicare) & Children	\$4,812.50	\$4,812.50	\$1,732.50	\$3,080.00
Family Sub (Medicare), Sp (Medicare) & Child	\$4,026.95	\$4,026.95	\$1,623.85	\$2,403.10
Family Sub (Medicare), Sp (Medicare) & Children	\$4,185.99	\$4,185.99	\$1,674.40	\$2,511.59
Family Sub (Medicare) & Children	\$3,222.15	\$3,222.15	\$1,715.97	\$1,506.18
Family Sub (Medicare), Spouse & Children	\$3,222.15	\$3,222.15	\$1,715.97	\$1,506.18
Family Sub, Spouse & Child (all w/ Medicare)	\$2,891.52	\$2,891.52	\$1,474.68	\$1,416.84
Health Alliance Plan Senior Plus - Medicare Advantage (HMO)				
Single with Medicare A&B	\$729.92	\$729.92	\$401.46	\$328.46
2 Person both with Medicare A&B	\$1,459.84	\$1,459.84	\$802.91	\$656.93
Family all with Medicare A&B	\$2,189.76	\$2,189.76	\$875.90	\$1,313.86
Aetna - Medicare Advantage (PPO)				
Single with Medicare A&B	\$439.58	\$439.58	\$241.77	\$197.81
2 Person both with Medicare A&B	\$879.16	\$879.16	\$483.54	\$395.62
Family all with Medicare A&B	\$1,318.74	\$1,318.74	\$527.50	\$791.24



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Delta Dental				
Single	\$41.95	\$41.95	\$0.00	\$41.95
Two Person	\$81.14	\$81.14	\$0.00	\$81.14
Family	\$134.95	\$134.95	\$0.00	\$134.95
EyeMed Vision - Basic				
Single	\$8.46	\$8.46	\$0.00	\$8.46
Two Person	\$16.02	\$16.02	\$0.00	\$16.02
Family	\$23.58	\$23.58	\$0.00	\$23.58
EyeMed Vision - Enhanced				
Single	\$14.92	\$14.92	\$0.00	\$14.92
Two Person	\$28.24	\$28.24	\$0.00	\$28.24
Family	\$41.56	\$41.56	\$0.00	\$41.56