

RETIRED EMPLOYEE PREMIUM RATE SHEET

Effective 1/1/2024

Years of Service			Signature Plan				
			Less Than 150 Unused Sick Days	150 - 199 Unused Sick Days	200 - 249 Unused Sick Days	250 - 299 Unused Sick Days	300 or More Unused Sick Days
Years of Service	Coverage Level	Family Size					
5 - 9	Retiree Only	1	\$1,425.10	\$1,410.96	\$1,396.82	\$1,382.68	\$1,368.54
	Retiree + 1	2	\$2,850.20	\$2,836.07	\$2,821.93	\$2,807.78	\$2,793.64
	Retiree + Family	3 or more	\$4,275.32	\$4,261.17	\$4,247.03	\$4,232.88	\$4,218.74
10 - 19	Retiree Only	1	\$997.59	\$983.44	\$969.31	\$955.17	\$941.02
	Retiree + 1	2	\$2,422.69	\$2,408.56	\$2,394.41	\$2,380.27	\$2,366.12
	Retiree + Family	3 or more	\$3,847.79	\$3,833.66	\$3,819.51	\$3,805.37	\$3,791.23
20 - 25	Retiree Only	1	\$783.29	\$769.15	\$753.92	\$740.86	\$726.73
	Retiree + 1	2	\$2,208.39	\$2,194.25	\$2,179.02	\$2,165.96	\$2,151.83
	Retiree + Family	3 or more	\$3,633.50	\$3,619.35	\$3,604.12	\$3,591.07	\$3,576.93
26 - 29	Retiree Only	1	\$640.78	\$626.64	\$611.41	\$598.36	\$584.22
	Retiree + 1	2	\$2,065.89	\$2,051.74	\$2,036.52	\$2,023.46	\$2,009.32
	Retiree + Family	3 or more	\$3,490.99	\$3,476.84	\$3,461.62	\$3,448.57	\$3,434.42
30+	Retiree Only	1	\$455.85	\$441.71	\$426.48	\$413.43	\$399.29
	Retiree + 1	2	\$1,880.96	\$1,866.81	\$1,851.59	\$1,838.53	\$1,824.39
	Retiree + Family	3 or more	\$3,306.06	\$3,291.91	\$3,276.69	\$3,263.64	\$3,249.49

Years of Service			Advantage Plan				
			Less Than 150 Unused Sick Days	150 - 199 Unused Sick Days	200 - 249 Unused Sick Days	250 - 299 Unused Sick Days	300 or More Unused Sick Days
Years of Service	Coverage Level	Family Size					
5 - 9	Retiree Only	1	\$1,359.55	\$1,345.41	\$1,331.26	\$1,317.13	\$1,302.99
	Retiree + 1	2	\$2,719.10	\$2,706.05	\$2,691.90	\$2,678.86	\$2,664.71
	Retiree + Family	3 or more	\$4,078.66	\$4,065.60	\$4,051.46	\$4,038.41	\$4,024.27
10 - 19	Retiree Only	1	\$932.04	\$917.89	\$903.75	\$889.62	\$875.47
	Retiree + 1	2	\$2,311.16	\$2,298.12	\$2,283.97	\$2,270.92	\$2,256.77
	Retiree + Family	3 or more	\$3,670.72	\$3,657.67	\$3,643.53	\$3,630.47	\$3,616.33
20 - 25	Retiree Only	1	\$717.73	\$703.60	\$688.37	\$675.31	\$661.17
	Retiree + 1	2	\$2,107.75	\$2,094.69	\$2,080.55	\$2,067.49	\$2,053.36
	Retiree + Family	3 or more	\$3,467.30	\$3,454.24	\$3,440.10	\$3,427.04	\$3,412.91
26 - 29	Retiree Only	1	\$575.23	\$561.09	\$545.86	\$532.80	\$518.67
	Retiree + 1	2	\$1,971.77	\$1,958.71	\$1,944.57	\$1,931.52	\$1,917.38
	Retiree + Family	3 or more	\$3,331.32	\$3,318.26	\$3,304.12	\$3,291.07	\$3,276.93
30+	Retiree Only	1	\$390.30	\$376.16	\$360.93	\$347.87	\$333.74
	Retiree + 1	2	\$1,794.45	\$1,781.40	\$1,767.25	\$1,754.21	\$1,740.06
	Retiree + Family	3 or more	\$3,154.01	\$3,140.95	\$3,126.81	\$3,113.75	\$3,099.62

Coverage Level		Dental		Vision	
		HMO	PPO	Standard	Plus
Retiree Only	1	\$0.00	\$10.32	\$0.00	\$13.00
Retiree + 1	2	\$0.00	\$19.60	\$0.00	\$25.00
Retiree + Family	3 or more	\$0.00	\$34.35	\$0.00	\$43.00