

Monthly Premiums – Retirees

September 1, 2024

Health	Retiree Only		Retiree & Spouse		Retiree & Child(ren)		Retiree & Family	
	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost
A&M Care	\$965.90	\$ 0.00	\$1,527.98	\$281.04	\$1,356.42	\$195.26	\$1,756.90	\$395.50
65 Plus MA (PPO)	\$864.48	\$ 0.00	\$1,365.86	\$118.92	\$1,212.74	\$51.58	\$1,570.21	\$208.81

The health care premium increases by \$30/month if you or your spouse is a tobacco user.

Dental	Retiree Only	Retiree & Spouse	Retiree & Child(ren)	Retiree & Family
A&M Dental PPO	\$30.00	\$60.00	\$63.00	\$96.00
DeltaCare USA Dental	\$21.08	\$37.48	\$37.76	\$58.66

Vision	Retiree Only	Retiree & Spouse	Retiree & Child(ren)	Retiree & Family
	\$8.36	\$17.72	\$13.70	\$24.44

Basic Life

The premium for this plan is usually paid by the employer contribution.

Basic Life \$4.70

Alternate Basic Life \$.626 per \$1,000 of coverage.

Optional Life

Your age on September 1 will be the age used to calculate your premiums for the rest of the fiscal year.

	Age	Non-tobacco rate	Tobacco rate	Age	Non-tobacco rate	Tobacco rate
Monthly Rate per \$1,000:	Under 25	\$.05	\$.10	50-54	\$.20	\$.40
	25-29	.05	.10	55-59	.36	.72
	30-34	.05	.10	60-64	.56	1.12
	35-39	.06	.12	65-69	.76	1.52
	40-44	.07	.14	70-74	1.43	2.86
	45-49	.12	.24	75+	2.00	4.00

Dependent Life

Plan A: Child \$.06 per \$1,000 of coverage

Plan B: Spouse: \$1.05 (flat rate) for \$5,000 in DL & AD&D Child: \$0.32 (flat rate) for \$5,000 in DL & AD&D

Plan C: ½ Alternate Basic Life premium; 1/10 if no spouse is covered

Age	Non-tobacco rate	Tobacco Rate	Age	Non-tobacco rate	Tobacco Rate
Under 25	\$.05	\$.060	50-54	\$.23	\$.276
25-29	.06	.072	55-59	.43	.516
30-34	.08	.096	60-64	.66	.792
35-39	.09	.108	65-69	1.27	1.524
40-44	.10	.120	70-74	2.06	2.472
45-49	.15	.180	75+	2.06	2.472

AD&D

Monthly rate per \$10,000

Retiree Only

\$.28

Retiree & Family

\$.46

Survivor Rates

Survivors are eligible for only health, dental, and vision coverage.

	Participant Only	Participant & Spouse	Participant & Child(ren)	Participant & Family
A&M Care	\$965.90	\$1,527.98	\$1,356.42	\$1,756.90
65 Plus MA (PPO)	\$864.48	\$1,365.86	\$1,212.74	\$1,570.21
A&M Dental PPO	\$30.00	\$60.00	\$63.00	\$96.00
DeltaCare USA Dental	\$21.08	\$37.48	\$37.76	\$58.66
Vision	\$8.36	\$17.72	\$13.72	\$24.44