

**Retirees Paying 15% - 2024 HI Rates Including Medicare
CDPHP; MVP Health Plan**

POS \$20 Co-Pay, \$5/20/40

	Monthly Premium	Annual Premium	15% Contribution	Annual Net Portion	Monthly Net Premium	Employee Bi-Weekly Contribution	Retiree 15% Monthly Contribution
Individual	947.90	11,374.80	1,706.22	9,668.58	805.72	65.62	142.19
Two-Person	1,932.84	23,194.08	3,479.11	19,714.97	1,642.91	133.81	289.93
Family	2,558.48	30,701.76	4,605.26	26,096.50	2,174.71	177.13	383.77
Ind w/Med	349.61	4,195.32	629.30	3,566.02	297.17	n/a	52.44
2 Per w/Med	699.22	8,390.64	1,258.60	7,132.04	594.34	n/a	104.88
1 Ind, 1 w/Med	1,297.51	15,570.12	2,335.52	13,234.60	1,102.88	n/a	194.63
Family w/Med	2,282.45	27,389.40	4,108.41	23,280.99	1,940.08	n/a	342.37

POS \$25 Co-Pay Plan, RX \$5/25/50 (Medicare Adv Plan, PPO \$25; RX \$5/20/40)

	Monthly Premium	Annual Premium	15% Contribution	Annual Net Portion	Monthly Net Premium	Employee Bi-Weekly Contribution	Retiree 15% Monthly Contribution
Individual	938.24	11,258.88	1,688.83	9,570.05	797.50	64.96	140.74
Two-Person	1,913.14	22,957.68	3,443.65	19,514.03	1,626.17	132.45	286.97
Family	2,532.37	30,388.44	4,558.27	25,830.17	2,152.51	175.32	379.86
Ind w/Med	349.61	4,195.32	629.30	3,566.02	297.17	n/a	52.44
2 Per w/Med	699.22	8,390.64	1,258.60	7,132.04	594.34	n/a	104.88
1 Ind, 1 w/Med	1,287.85	15,454.20	2,318.13	13,136.07	1,094.67	n/a	193.18
Family w/Med	2,262.75	27,153.00	4,072.95	23,080.05	1,923.34	n/a	339.41

PPO \$15 Co-Pay; RX \$5/25/50 (Medicare Adv Plan, PPO \$10; RX \$5/20/40)

	Monthly Premium	Annual Premium	15% Contribution	Annual Net Portion	Monthly Net Premium	Employee Bi-Weekly Contribution	Retiree 15% Monthly Contribution
Individual	982.71	11,792.52	1,768.88	10,023.64	835.30	68.03	147.41
Two-Person	2,003.87	24,046.44	3,606.97	20,439.47	1,703.29	138.73	300.58
Family	2,652.46	31,829.52	4,774.43	27,055.09	2,254.59	183.63	397.87
Ind w/Med	349.61	4,195.32	629.30	3,566.02	297.17	n/a	52.44
2 Per w/Med	699.22	8,390.64	1,258.60	7,132.04	594.34	n/a	104.88
1 Ind, 1 w/Med	1,332.32	15,987.84	2,398.18	13,589.66	1,132.47	n/a	199.85
Family w/Med	2,353.48	28,241.76	4,236.26	24,005.50	2,000.46	n/a	353.02

** Effective 1/1/18, Medicare Elig Retirees/Spouses will be covered under the PPO \$10 co-pay (High Plan) Medicare Advantage Plan through MVP Health Care, Non-Medicare Retirees will remain with CDPHP