

**Retirees Paying 20% - 2024 HI Rates Including Medicare  
CDPHP; MVP Health Plan**

**\*\*Effective 1/1/2024, all PBA retirees will contribute 20% towards health insurance.**

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

	Monthly Premium	Annual Premium	20% Contribution	Annual Net Portion	Monthly Net Premium	Employee Bi-Weekly Contribution	Retiree 20% Monthly Contribution
Individual	947.90	11,374.80	2,274.96	9,099.84	758.32	87.50	189.58
Two-Person	1,932.84	23,194.08	4,638.82	18,555.26	1,546.27	178.42	386.57
Family	2,558.48	30,701.76	6,140.35	24,561.41	2,046.78	236.17	511.70
Ind w/Med	349.61	4,195.32	839.06	3,356.26	279.69	n/a	69.92
2 Per w/Med	699.22	8,390.64	1,678.13	6,712.51	559.38	n/a	139.84
1 Ind, 1 w/Med	1,297.51	15,570.12	3,114.02	12,456.10	1,038.01	n/a	259.50
Family w/Med	2,282.45	27,389.40	5,477.88	21,911.52	1,825.96	n/a	456.49

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

	Monthly Premium	Annual Premium	20% Contribution	Annual Net Portion	Monthly Net Premium	Employee Bi-Weekly Contribution	Retiree 20% Monthly Contribution
Individual	938.24	11,258.88	2,251.78	9,007.10	750.59	86.61	187.65
Two-Person	1,913.14	22,957.68	4,591.54	18,366.14	1,530.51	176.60	382.63
Family	2,532.37	30,388.44	6,077.69	24,310.75	2,025.90	233.76	506.47
Ind w/Med	349.61	4,195.32	839.06	3,356.26	279.69	n/a	69.92
2 Per w/Med	699.22	8,390.64	1,678.13	6,712.51	559.38	n/a	139.84
1 Ind, 1 w/Med	1,287.85	15,454.20	3,090.84	12,363.36	1,030.28	n/a	257.57
Family w/Med	2,262.75	27,153.00	5,430.60	21,722.40	1,810.20	n/a	452.55

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

	Monthly Premium	Annual Premium	20% Contribution	Annual Net Portion	Monthly Net Premium	Employee Bi-Weekly Contribution	Retiree 20% Monthly Contribution
Individual	982.71	11,792.52	2,358.50	9,434.02	786.17	90.71	196.54
Two-Person	2,003.87	24,046.44	4,809.29	19,237.15	1,603.10	184.97	400.77
Family	2,652.46	31,829.52	6,365.90	25,463.62	2,121.97	244.84	530.49
Ind w/Med	349.61	4,195.32	839.06	3,356.26	279.69	n/a	69.92
2 Per w/Med	699.22	8,390.64	1,678.13	6,712.51	559.38	n/a	139.84
1 Ind, 1 w/Med	1,332.32	15,987.84	3,197.57	12,790.27	1,065.86	n/a	266.46
Family w/Med	2,353.48	28,241.76	5,648.35	22,593.41	1,882.78	n/a	470.70

**\*\* 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**