

2020 Retiree Rates - CenturyTel (Z4)

* Better of: Years of Service Matrix or Points Matrix (Z4)

2020 Non-Medicare Retiree Medical Plans & Total Monthly Rates (Z4)

2020 Total Cost Per Month	You Only or Spouse Only	You+Spouse	You+Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
Premium CDHP	\$1,040.74	\$2,081.48	\$1,509.07	\$1,509.07	\$2,549.81	\$468.33
Standard CDHP	\$987.21	\$1,974.42	\$1,431.45	\$1,431.45	\$2,418.66	\$444.24
Savings HDHP	\$925.61	\$1,851.22	\$1,342.13	\$1,342.13	\$2,267.74	\$416.52
Bind	\$952.32	\$1,904.63	\$1,380.85	\$1,380.85	\$2,333.17	\$428.54
No-Network PPO*	\$1,136.18	\$2,272.39	\$1,647.46	\$1,647.46	\$2,783.64	\$511.29

* No-Network PPO is only available to certain retirees

Premium CDHP: Non-Medicare Monthly Contribution (Z4)

Points	Subsidy	You Only or Spouse Only	You+Spouse	You+Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
75-79	40.0%	\$640.74	\$1,281.48	\$905.44	\$905.44	\$1,529.89	\$281.00
80-84	60.0%	\$440.74	\$881.48	\$603.63	\$603.63	\$1,019.92	\$187.33
85-89	80.0%	\$240.74	\$481.48	\$301.81	\$301.81	\$509.96	\$93.67
90+	90.0%	\$140.74	\$281.48	\$150.91	\$150.91	\$254.98	\$46.83
OR							
Years of Service	Subsidy	You Only or Spouse Only	You+Spouse	You+Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
15-19	40.0%	\$640.74	\$1,281.48	\$905.44	\$905.44	\$1,529.89	\$281.00
20-24	60.0%	\$440.74	\$881.48	\$603.63	\$603.63	\$1,019.92	\$187.33
25-29	80.0%	\$240.74	\$481.48	\$301.81	\$301.81	\$509.96	\$93.67
30+	90.0%	\$140.74	\$281.48	\$150.91	\$150.91	\$254.98	\$46.83

Standard CDHP: Non-Medicare Monthly Contribution (Z4)

Points	Subsidy	You Only or Spouse Only	You+Spouse	You+Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
75-79	40.0%	\$592.33	\$1,184.65	\$858.87	\$858.87	\$1,451.20	\$266.54
80-84	60.0%	\$394.88	\$789.77	\$572.58	\$572.58	\$967.46	\$177.70
85-89	80.0%	\$197.44	\$394.88	\$286.29	\$286.29	\$483.73	\$88.85
90+	90.0%	\$98.72	\$197.44	\$143.15	\$143.15	\$241.87	\$44.42
OR							
Years of Service	Subsidy	You Only or Spouse Only	You+Spouse	You+Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
15-19	40.0%	\$592.33	\$1,184.65	\$858.87	\$858.87	\$1,451.20	\$266.54
20-24	60.0%	\$394.88	\$789.77	\$572.58	\$572.58	\$967.46	\$177.70
25-29	80.0%	\$197.44	\$394.88	\$286.29	\$286.29	\$483.73	\$88.85
30+	90.0%	\$98.72	\$197.44	\$143.15	\$143.15	\$241.87	\$44.42

Savings HDHP: Non-Medicare Monthly Contribution (Z4)

Points	Subsidy	You Only or Spouse Only	You+Spouse	You+Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
75-79	40.0%	\$555.37	\$1,110.73	\$805.28	\$805.28	\$1,360.64	\$249.91
80-84	60.0%	\$370.24	\$740.49	\$536.85	\$536.85	\$907.10	\$166.61
85-89	80.0%	\$185.12	\$370.24	\$268.43	\$268.43	\$453.55	\$83.30
90+	90.0%	\$92.56	\$185.12	\$134.21	\$134.21	\$226.77	\$41.65
OR							
Years of Service	Subsidy	You Only or Spouse Only	You+Spouse	You+Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
15-19	40.0%	\$555.37	\$1,110.73	\$805.28	\$805.28	\$1,360.64	\$249.91
20-24	60.0%	\$370.24	\$740.49	\$536.85	\$536.85	\$907.10	\$166.61
25-29	80.0%	\$185.12	\$370.24	\$268.43	\$268.43	\$453.55	\$83.30
30+	90.0%	\$92.56	\$185.12	\$134.21	\$134.21	\$226.77	\$41.65

Bind: Non-Medicare Monthly Contribution (Z4)

Points	Subsidy	You Only or Spouse Only	You+Spouse	You+Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
75-79	40.0%	\$571.39	\$1,142.78	\$828.51	\$828.51	\$1,399.90	\$257.12
80-84	60.0%	\$380.93	\$761.85	\$552.34	\$552.34	\$933.27	\$171.42
85-89	80.0%	\$190.46	\$380.93	\$276.17	\$276.17	\$466.63	\$85.71
90+	90.0%	\$95.23	\$190.46	\$138.09	\$138.09	\$233.32	\$42.85
OR							
Years of Service	Subsidy	You Only or Spouse Only	You+Spouse	You+Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
15-19	40.0%	\$571.39	\$1,142.78	\$828.51	\$828.51	\$1,399.90	\$257.12
20-24	60.0%	\$380.93	\$761.85	\$552.34	\$552.34	\$933.27	\$171.42
25-29	80.0%	\$190.46	\$380.93	\$276.17	\$276.17	\$466.63	\$85.71
30+	90.0%	\$95.23	\$190.46	\$138.09	\$138.09	\$233.32	\$42.85

No-Network PPO: Non-Medicare Monthly Contribution (Z4)

Points	Subsidy	You Only or Spouse Only	You+Spouse	You+Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
75-79	40.0%	\$736.18	\$1,472.39	\$988.48	\$988.48	\$1,670.18	\$306.77
80-84	60.0%	\$536.18	\$1,072.39	\$658.98	\$658.98	\$1,113.46	\$204.52
85-89	80.0%	\$336.18	\$672.39	\$329.49	\$329.49	\$556.73	\$102.26
90+	90.0%	\$236.18	\$472.39	\$164.75	\$164.75	\$278.36	\$51.13
OR							
Years of Service	Subsidy	You Only or Spouse Only	You+Spouse	You+Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
15-19	40.0%	\$736.18	\$1,472.39	\$988.48	\$988.48	\$1,670.18	\$306.77
20-24	60.0%	\$536.18	\$1,072.39	\$658.98	\$658.98	\$1,113.46	\$204.52
25-29	80.0%	\$336.18	\$672.39	\$329.49	\$329.49	\$556.73	\$102.26
30+	90.0%	\$236.18	\$472.39	\$164.75	\$164.75	\$278.36	\$51.13

Medicare Eligible Health Reimbursement Account (HRA) Annual Company Subsidy

Points	Subsidy	You Only or Spouse Only	You+Spouse	You+Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
75-79	40.0%	\$1,584.00	\$3,168.00	\$3,470.40	\$3,470.40	\$5,054.40	\$1,886.40
80-84	60.0%	\$2,376.00	\$4,752.00	\$5,205.60	\$5,205.60	\$7,581.60	\$2,829.60
85-89	80.0%	\$3,168.00	\$6,336.00	\$6,940.80	\$6,940.80	\$10,108.80	\$3,772.80
90+	90.0%	\$3,564.00	\$7,128.00	\$7,808.40	\$7,808.40	\$11,372.40	\$4,244.40

Retiree Dental

2020 Total Cost Per Month	You Only or Spouse Only	You+Spouse	You+ Child(ren)	You+Spouse+ Child(ren)
Retiree Dental	\$35.42	\$70.84	\$61.99	\$106.26

Non-Medicare Retiree Monthly Dental Contribution

Points	Subsidy	You Only or Spouse Only	You+Spouse	You+ Child(ren)	You+Spouse+ Child(ren)
65-69	20.0%	\$28.22	\$56.44	\$49.19	\$84.66
70-74	30.0%	\$24.62	\$49.24	\$42.79	\$73.86
75-79	40.0%	\$21.02	\$42.04	\$36.39	\$63.06
80+	50.0%	\$17.42	\$34.84	\$29.99	\$52.26

Medicare Retiree Monthly Dental Contribution

Points	Subsidy	You Only or Spouse Only	You+Spouse	You+ Child(ren)	You+Spouse+ Child(ren)
All		\$35.42	\$70.84	\$61.99	\$106.26

Medicare eligible retirees or dependents should contact Via Benefits at 888-825-4252 to enroll in a Medicare Supplement Plan.