

## 2020 Retiree Rates - Madison River

\* Certain eligible Madison River retirees from certain locations receive a subsidy credit (Health Reimbursement Account - HRA) that will offset your premiums for medical/prescription drugs and/or dental coverage. The subsidy credit is \$10 per month (for each year of service), which is being applied to medical contribution below.

### 2020 Non-Medicare Retiree Medical Plans & Total Monthly Rates

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

### 2020 Non-Medicare Retiree Premium CDHP Total Monthly Contribution

Credited Service	You Only or Spouse Only	You+Spouse	You+Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
1	\$1,030.74	\$2,071.48	\$1,499.07	\$1,499.07	\$2,539.81	\$458.33
2	\$1,020.74	\$2,061.48	\$1,489.07	\$1,489.07	\$2,529.81	\$448.33
3	\$1,010.74	\$2,051.48	\$1,479.07	\$1,479.07	\$2,519.81	\$438.33
4	\$1,000.74	\$2,041.48	\$1,469.07	\$1,469.07	\$2,509.81	\$428.33
5	\$990.74	\$2,031.48	\$1,459.07	\$1,459.07	\$2,499.81	\$418.33
6	\$980.74	\$2,021.48	\$1,449.07	\$1,449.07	\$2,489.81	\$408.33
7	\$970.74	\$2,011.48	\$1,439.07	\$1,439.07	\$2,479.81	\$398.33
8	\$960.74	\$2,001.48	\$1,429.07	\$1,429.07	\$2,469.81	\$388.33
9	\$950.74	\$1,991.48	\$1,419.07	\$1,419.07	\$2,459.81	\$378.33
10	\$940.74	\$1,981.48	\$1,409.07	\$1,409.07	\$2,449.81	\$368.33

### 2020 Non-Medicare Retiree Standard CDHP Total Monthly Contribution

Credited Service	You Only or Spouse Only	You+Spouse	You+Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
1	\$977.21	\$1,964.42	\$1,421.45	\$1,421.45	\$2,408.66	\$434.24
2	\$967.21	\$1,954.42	\$1,411.45	\$1,411.45	\$2,398.66	\$424.24
3	\$957.21	\$1,944.42	\$1,401.45	\$1,401.45	\$2,388.66	\$414.24
4	\$947.21	\$1,934.42	\$1,391.45	\$1,391.45	\$2,378.66	\$404.24
5	\$937.21	\$1,924.42	\$1,381.45	\$1,381.45	\$2,368.66	\$394.24
6	\$927.21	\$1,914.42	\$1,371.45	\$1,371.45	\$2,358.66	\$384.24
7	\$917.21	\$1,904.42	\$1,361.45	\$1,361.45	\$2,348.66	\$374.24
8	\$907.21	\$1,894.42	\$1,351.45	\$1,351.45	\$2,338.66	\$364.24
9	\$897.21	\$1,884.42	\$1,341.45	\$1,341.45	\$2,328.66	\$354.24
10	\$887.21	\$1,874.42	\$1,331.45	\$1,331.45	\$2,318.66	\$344.24

**2020 Non-Medicare Retiree Savings HDHP Total Monthly Contribution**

Credited Service	You Only or Spouse Only	You+Spouse	You+Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
1	\$915.61	\$1,841.22	\$1,332.13	\$1,332.13	\$2,257.74	\$406.52
2	\$905.61	\$1,831.22	\$1,322.13	\$1,322.13	\$2,247.74	\$396.52
3	\$895.61	\$1,821.22	\$1,312.13	\$1,312.13	\$2,237.74	\$386.52
4	\$885.61	\$1,811.22	\$1,302.13	\$1,302.13	\$2,227.74	\$376.52
5	\$875.61	\$1,801.22	\$1,292.13	\$1,292.13	\$2,217.74	\$366.52
6	\$865.61	\$1,791.22	\$1,282.13	\$1,282.13	\$2,207.74	\$356.52
7	\$855.61	\$1,781.22	\$1,272.13	\$1,272.13	\$2,197.74	\$346.52
8	\$845.61	\$1,771.22	\$1,262.13	\$1,262.13	\$2,187.74	\$336.52
9	\$835.61	\$1,761.22	\$1,252.13	\$1,252.13	\$2,177.74	\$326.52
10	\$825.61	\$1,751.22	\$1,242.13	\$1,242.13	\$2,167.74	\$316.52

**2020 Non-Medicare Retiree Bind Total Monthly Contribution**

Credited Service	You Only or Spouse Only	You+Spouse	You+Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
1	\$942.32	\$1,894.63	\$1,370.85	\$1,370.85	\$2,323.17	\$418.54
2	\$932.32	\$1,884.63	\$1,360.85	\$1,360.85	\$2,313.17	\$408.54
3	\$922.32	\$1,874.63	\$1,350.85	\$1,350.85	\$2,303.17	\$398.54
4	\$912.32	\$1,864.63	\$1,340.85	\$1,340.85	\$2,293.17	\$388.54
5	\$902.32	\$1,854.63	\$1,330.85	\$1,330.85	\$2,283.17	\$378.54
6	\$892.32	\$1,844.63	\$1,320.85	\$1,320.85	\$2,273.17	\$368.54
7	\$882.32	\$1,834.63	\$1,310.85	\$1,310.85	\$2,263.17	\$358.54
8	\$872.32	\$1,824.63	\$1,300.85	\$1,300.85	\$2,253.17	\$348.54
9	\$862.32	\$1,814.63	\$1,290.85	\$1,290.85	\$2,243.17	\$338.54
10	\$852.32	\$1,804.63	\$1,280.85	\$1,280.85	\$2,233.17	\$328.54

**2020 Retiree Dental Plan & Total Monthly Rates**

Total Cost Per Month	You Only or Spouse Only	You+Spouse	You+ Child(ren)	You+Spouse+ Child(ren)
Basic Dental Plan	\$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.