

2021 Retiree Rates – CenturyTel (Z4)

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

2021 Non-Medicare Retiree Medical Plans & Total Monthly Rates (Z4)

2021 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	\$1,109.12	\$2,218.25	\$1,608.23	\$1,608.23	\$2,717.35	\$499.11
Standard CDHP	\$1,052.07	\$2,104.15	\$1,525.51	\$1,525.51	\$2,577.58	\$473.43
Savings HDHP	\$986.42	\$1,972.84	\$1,430.31	\$1,430.31	\$2,416.73	\$443.89
Bind	\$967.78	\$1,935.56	\$1,403.28	\$1,403.28	\$2,371.06	\$435.50

No-Network PPO*	\$1,210.84	\$2,421.70	\$1,755.71	\$1,755.71	\$2,966.55	\$544.89
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*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%	\$709.12	\$1,418.25	\$964.94	\$964.94	\$1,630.41	\$299.46
80-84	60.0%	\$509.12	\$1,018.25	\$643.29	\$643.29	\$1,086.94	\$199.64
85-89	80.0%	\$309.12	\$618.25	\$321.65	\$321.65	\$543.47	\$99.82
90+	90.0%	\$209.12	\$418.25	\$160.82	\$160.82	\$271.74	\$49.91
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%	\$709.12	\$1,418.25	\$964.94	\$964.94	\$1,630.41	\$299.46
20-24	60.0%	\$509.12	\$1,018.25	\$643.29	\$643.29	\$1,086.94	\$199.64
25-29	80.0%	\$309.12	\$618.25	\$321.65	\$321.65	\$543.47	\$99.82
30+	90.0%	\$209.12	\$418.25	\$160.82	\$160.82	\$271.74	\$49.91

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%	\$652.07	\$1,304.15	\$915.31	\$915.31	\$1,546.55	\$284.06
80-84	60.0%	\$452.07	\$904.15	\$610.20	\$610.20	\$1,031.03	\$189.37
85-89	80.0%	\$252.07	\$504.15	\$305.10	\$305.10	\$515.52	\$94.69
90+	90.0%	\$152.07	\$304.15	\$152.55	\$152.55	\$257.76	\$47.34
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%	\$652.07	\$1,304.15	\$915.31	\$915.31	\$1,546.55	\$284.06
20-24	60.0%	\$452.07	\$904.15	\$610.20	\$610.20	\$1,031.03	\$189.37
25-29	80.0%	\$252.07	\$504.15	\$305.10	\$305.10	\$515.52	\$94.69
30+	90.0%	\$152.07	\$304.15	\$152.55	\$152.55	\$257.76	\$47.34

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%	\$591.85	\$1,183.71	\$858.19	\$858.19	\$1,450.04	\$266.33
80-84	60.0%	\$394.57	\$789.14	\$572.12	\$572.12	\$966.69	\$177.56
85-89	80.0%	\$197.28	\$394.57	\$286.06	\$286.06	\$483.35	\$88.78
90+	90.0%	\$98.64	\$197.28	\$143.03	\$143.03	\$241.67	\$44.39
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%	\$591.85	\$1,183.71	\$858.19	\$858.19	\$1,450.04	\$266.33
20-24	60.0%	\$394.57	\$789.14	\$572.12	\$572.12	\$966.69	\$177.56
25-29	80.0%	\$197.28	\$394.57	\$286.06	\$286.06	\$483.35	\$88.78
30+	90.0%	\$98.64	\$197.28	\$143.03	\$143.03	\$241.67	\$44.39

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%	\$580.67	\$1,161.34	\$841.97	\$841.97	\$1,422.64	\$261.30
80-84	60.0%	\$387.11	\$774.22	\$561.31	\$561.31	\$948.42	\$174.20
85-89	80.0%	\$193.56	\$387.11	\$280.66	\$280.66	\$474.21	\$87.10
90+	90.0%	\$96.78	\$193.56	\$140.33	\$140.33	\$237.11	\$43.55
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%	\$580.67	\$1,161.34	\$841.97	\$841.97	\$1,422.64	\$261.30
20-24	60.0%	\$387.11	\$774.22	\$561.31	\$561.31	\$948.42	\$174.20
25-29	80.0%	\$193.56	\$387.11	\$280.66	\$280.66	\$474.21	\$87.10
30+	90.0%	\$96.78	\$193.56	\$140.33	\$140.33	\$237.11	\$43.55

No-Network: 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%	\$810.84	\$1,621.70	\$1,053.43	\$1,053.43	\$1,779.93	\$326.93

80-84	60.0%	\$610.84	\$1,221.70	\$702.28	\$702.28	\$1,186.62	\$217.96
85-89	80.0%	\$410.84	\$821.70	\$351.14	\$351.14	\$593.31	\$108.98
90+	90.0%	\$310.84	\$621.70	\$175.57	\$175.57	\$296.66	\$54.49
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%	\$810.84	\$1,621.70	\$1,053.43	\$1,053.43	\$1,779.93	\$326.93
20-24	60.0%	\$610.84	\$1,221.70	\$702.28	\$702.28	\$1,186.62	\$217.96
25-29	80.0%	\$410.84	\$821.70	\$351.14	\$351.14	\$593.31	\$108.98
30+	90.0%	\$310.84	\$621.70	\$175.57	\$175.57	\$296.66	\$54.49

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

2021 Total Cost Per Month	You Only or Spouse Only	You+Spouse	You+ Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
Basic Dental Plan	\$35.62	\$71.25	\$62.35	\$62.35	\$106.87	\$26.73

Non-Medicare Retiree Monthly Dental Contribution

Points	Subsidy	You Only or Spouse Only	You+Spouse	You+ Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
65-69	20.0%	\$28.50	\$57.00	\$49.88	\$49.88	\$85.50	\$21.38
70-74	30.0%	\$24.93	\$49.87	\$43.64	\$43.64	\$74.81	\$18.71
75-79	40.0%	\$21.37	\$42.75	\$37.41	\$37.41	\$64.12	\$16.04
80+	50.0%	\$17.81	\$35.62	\$31.17	\$31.17	\$53.43	\$13.36

Medicare Retiree Monthly Dental Contribution

Points	Subsidy	You Only or Spouse Only	You+Spouse	You+ Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
	All	\$35.62	\$71.25	\$62.35	\$62.35	\$106.87	\$26.73

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