# 2021 Retiree Rates – CenturyTel (Z9)

• Company subsidy is 100% for retiree and spouse coverage

## 2021 Non-Medicare Retiree Medical Plans & Total Monthly Rates (Z9)

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

No-Network PPO*	\$1,210.84	\$2,421.70	\$1,755.71	\$1,755.71	\$2,966.55	\$544					
*No Network PPO is only available to cortain retire	*No Naturark DDO is only synilable to partoin ratingon										

No-Network PPO is only available to certain retirees

### 2021 Non-Medicare Retiree Medical Monthly Contributions (Z9)

2021 Contributions	You Only or Spouse Only	You+Spouse	You+ Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
Premium CDHP	\$109.12	\$218.25	\$0.00	\$0.00	\$0.00	\$0.00
Standard CDHP	\$52.07	\$104.15	\$0.00	\$0.00	\$0.00	\$0.00
Savings HDHP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Bind	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No-Network PPO*	\$210.84	\$421.70	\$0.00	\$0.00	\$0.00	\$0.00

#### Medicare Eligible Health Reimbursement Account (HRA) Annual Company Subsidy

	Retiree Subsidy Annual	You Only or Spouse Only	You+Spouse	You+ Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child	You+Spouse+ Children	Child(ren) Only
I	Medicare HRA	\$3,780.00	\$7,560.00	\$8,136.00	\$8,136.00	\$12,096.00	\$11,916.00	\$4,536.00

#### **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

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