

## 2022 Retiree Rates – CenturyTel (Z4)

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

### 2022 Non-Medicare Retiree Medical Plans & Total Monthly Rates (Z4)

2022 Total Cost Per Month	You Only or Spouse Only	You+Spouse	You+ Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
Bind Health Plan	\$964.05	\$1,928.10	\$1,397.87	\$1,397.87	\$2,361.92	\$433.82
HDHP	\$982.62	\$1,965.24	\$1,424.80	\$1,424.80	\$2,407.42	\$442.18
CDHP Option 1	\$1,048.02	\$2,096.04	\$1,519.63	\$1,519.63	\$2,567.65	\$471.61
CDHP Option 2	\$1,104.85	\$2,209.70	\$1,602.03	\$1,602.03	\$2,706.88	\$497.18

No-Network PPO*	\$1,206.18	\$2,412.37	\$1,748.94	\$1,748.94	\$2,955.12	\$542.78
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\*No-Network PPO is only available to certain retirees

### Bind Health Plan: 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%	\$578.43	\$1,156.86	\$838.72	\$838.72	\$1,417.15	\$260.29
80-84	60.0%	\$385.62	\$771.24	\$559.15	\$559.15	\$944.77	\$173.53
85-89	80.0%	\$192.81	\$385.62	\$279.57	\$279.57	\$472.38	\$86.76
90+	90.0%	\$96.41	\$192.81	\$139.79	\$139.79	\$236.19	\$43.38
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%	\$578.43	\$1,156.86	\$838.72	\$838.72	\$1,417.15	\$260.29
20-24	60.0%	\$385.62	\$771.24	\$559.15	\$559.15	\$944.77	\$173.53
25-29	80.0%	\$192.81	\$385.62	\$279.57	\$279.57	\$472.38	\$86.76
30+	90.0%	\$96.41	\$192.81	\$139.79	\$139.79	\$236.19	\$43.38

### 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%	\$589.57	\$1,179.14	\$854.88	\$854.88	\$1,444.45	\$265.31
80-84	60.0%	\$393.05	\$786.10	\$569.92	\$569.92	\$962.97	\$176.87
85-89	80.0%	\$196.52	\$393.05	\$284.96	\$284.96	\$481.48	\$88.44
90+	90.0%	\$98.26	\$196.52	\$142.48	\$142.48	\$240.74	\$44.22
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%	\$589.57	\$1,179.14	\$854.88	\$854.88	\$1,444.45	\$265.31
20-24	60.0%	\$393.05	\$786.10	\$569.92	\$569.92	\$962.97	\$176.87
25-29	80.0%	\$196.52	\$393.05	\$284.96	\$284.96	\$481.48	\$88.44
30+	90.0%	\$98.26	\$196.52	\$142.48	\$142.48	\$240.74	\$44.22

**CDHP Option 1: 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%	\$648.02	\$1,296.04	\$911.78	\$911.78	\$1,540.59	\$282.97
80-84	60.0%	\$448.02	\$896.04	\$607.85	\$607.85	\$1,027.06	\$188.64
85-89	80.0%	\$248.02	\$496.04	\$303.93	\$303.93	\$513.53	\$94.32
90+	90.0%	\$148.02	\$296.04	\$151.96	\$151.96	\$256.77	\$47.16
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%	\$648.02	\$1,296.04	\$911.78	\$911.78	\$1,540.59	\$282.97
20-24	60.0%	\$448.02	\$896.04	\$607.85	\$607.85	\$1,027.06	\$188.64
25-29	80.0%	\$248.02	\$496.04	\$303.93	\$303.93	\$513.53	\$94.32
30+	90.0%	\$148.02	\$296.04	\$151.96	\$151.96	\$256.77	\$47.16

**CDHP Option 2: 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%	\$704.85	\$1,409.70	\$961.22	\$961.22	\$1,624.13	\$298.31
80-84	60.0%	\$504.85	\$1,009.70	\$640.81	\$640.81	\$1,082.75	\$198.87
85-89	80.0%	\$304.85	\$609.70	\$320.41	\$320.41	\$541.38	\$99.44
90+	90.0%	\$204.85	\$409.70	\$160.20	\$160.20	\$270.69	\$49.72
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%	\$704.85	\$1,409.70	\$961.22	\$961.22	\$1,624.13	\$298.31
20-24	60.0%	\$504.85	\$1,009.70	\$640.81	\$640.81	\$1,082.75	\$198.87
25-29	80.0%	\$304.85	\$609.70	\$320.41	\$320.41	\$541.38	\$99.44
30+	90.0%	\$204.85	\$409.70	\$160.20	\$160.20	\$270.69	\$49.72

**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%	\$806.18	\$1,612.37	\$1,049.36	\$1,049.36	\$1,773.07	\$325.67
80-84	60.0%	\$606.18	\$1,212.37	\$699.58	\$699.58	\$1,182.05	\$217.11
85-89	80.0%	\$406.18	\$812.37	\$349.79	\$349.79	\$591.02	\$108.56
90+	90.0%	\$306.18	\$612.37	\$174.89	\$174.89	\$295.51	\$54.28
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%	\$806.18	\$1,612.37	\$1,049.36	\$1,049.36	\$1,773.07	\$325.67
20-24	60.0%	\$606.18	\$1,212.37	\$699.58	\$699.58	\$1,182.05	\$217.11
25-29	80.0%	\$406.18	\$812.37	\$349.79	\$349.79	\$591.02	\$108.56
30+	90.0%	\$306.18	\$612.37	\$174.89	\$174.89	\$295.51	\$54.28

### 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

2022 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	\$35.80	\$71.60	\$62.65	\$62.65	\$107.40	\$26.85

### 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%	\$28.64	\$57.28	\$50.12	\$50.12	\$85.92	\$21.48
70-74	30.0%	\$25.06	\$50.12	\$43.85	\$43.85	\$75.18	\$18.79
75-79	40.0%	\$21.48	\$42.96	\$37.59	\$37.59	\$64.44	\$16.11
80+	50.0%	\$17.90	\$35.80	\$31.32	\$31.32	\$53.70	\$13.42

### 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		\$35.80	\$71.60	\$62.65	\$62.65	\$107.40	\$26.85

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