

2023 Retiree Rates – CenturyTel (Z9)

2023 Non-Medicare Retiree Medical Plans & Total Monthly Rates (Z9)

2023 Total Cost Per Month	You Only or Spouse Only	You+Spouse	You+ Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
Surest Health Plan	\$1,056.28	\$2,112.55	\$1,531.60	\$1,531.60	\$2,587.87	\$475.32
HDHP with Optional HSA	\$1,058.63	\$2,117.25	\$1,535.01	\$1,535.01	\$2,593.63	\$476.38
Doctors Plan (CO/AZ)	\$1,130.78	\$2,261.57	\$1,639.64	\$1,639.64	\$2,770.43	\$508.85
CDHP	\$1,175.31	\$2,350.62	\$1,704.21	\$1,704.21	\$2,879.52	\$528.89

2023 Non-Medicare Retiree Medical Monthly Contributions (Z9)

2023 Contributions	You Only or Spouse Only	You+Spouse	You+ Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
Surest Health Plan	\$56.28	\$112.55	\$0.00	\$0.00	\$0.00	\$0.00
HDHP with Optional HSA	\$58.63	\$117.25	\$0.00	\$0.00	\$0.00	\$0.00
Doctors Plan (CO/AZ)	\$130.78	\$261.57	\$0.00	\$0.00	\$0.00	\$0.00
CDHP	\$175.31	\$350.62	\$0.00	\$0.00	\$0.00	\$0.00

New in 2023 for Medicare Individuals—Retiree Medicare Advantage (MAPD PPO + Dental) Plan

Starting in 2023, Medicare eligible individuals will have a new option to elect the Group Retiree MAPD PPO + Dental plan in lieu of receiving HRA company contributions as described below. Monthly employee contributions for this plan are shown below.

Monthly Contributions for MAPD PPO + Dental Plan	You Only	Spouse Only	You + Spouse	You + Spouse + Child	You + Spouse + Children	You + Child	You + Children	Spouse + Child	Spouse + Children	Child Only	Children Only
CenturyTel (Z9)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$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	You+ Children	Spouse+ Child	Spouse+ Children	You+Spouse + Child	You+Spouse +Children	Child(ren) Only
Medicare HRA	\$3,780.00	\$7,560.00	\$8,316.00	\$8,136.00	\$8,316.00	\$8,136.00	\$12,096.00	\$11,916.00	\$4,536.00

Retiree Dental

2023 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	\$36.43	\$72.86	\$63.75	\$63.75	\$109.29	\$27.32

Non-Medicare Retiree Monthly Dental Contribution

Points	Subsidy (To Cap)	You Only or Spouse Only	You+Spouse	You+ Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
65-69	20.0%	\$29.23	\$58.46	\$51.00	\$51.00	\$87.69	\$21.86
70-74	30.0%	\$25.63	\$51.26	\$44.62	\$44.62	\$76.89	\$19.12
75-79	40.0%	\$22.03	\$44.06	\$38.25	\$38.25	\$66.09	\$16.39
80+	50.0%	\$18.43	\$36.86	\$31.87	\$31.87	\$55.29	\$13.66

- Medicare eligible retirees or dependents should contact Via Benefits at 888-825-4252 to enroll in a Medicare Supplement Plan if not otherwise enrolling in new Group Retiree MAPD PPO + Dental plan.