

2024 Retiree Rates – CenturyTel (Z4)

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

2024 Non-Medicare Retiree Medical Plans & Total Monthly Rates (Z4)

2024 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	\$1,052.06	\$2,104.12	\$1,525.49	\$1,525.49	\$2,577.54	\$473.43
HDHP with Optional HSA	\$1,054.40	\$2,108.80	\$1,528.88	\$1,528.88	\$2,583.28	\$474.48
Doctors Plan (CO/AZ)	\$1,126.26	\$2,252.52	\$1,633.08	\$1,633.08	\$2,759.34	\$506.82
CDHP	\$1,170.61	\$2,341.23	\$1,697.39	\$1,697.39	\$2,868.00	\$526.78

Surest Health Plan: Non-Medicare Monthly Contribution (Z4)

Points	Subsidy (To Cap)	You Only or Spouse Only	You+Spouse	You+ Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
75-79	40.0%	\$652.06	\$1,304.12	\$915.29	\$915.29	\$1,546.52	\$284.06
80-84	60.0%	\$452.06	\$904.12	\$610.20	\$610.20	\$1,031.02	\$189.37
85-89	80.0%	\$252.06	\$504.12	\$305.10	\$305.10	\$515.51	\$94.69
90+	90.0%	\$152.06	\$304.12	\$152.55	\$152.55	\$257.75	\$47.34
Years of Service	Subsidy (To Cap)	You Only or Spouse Only	You+Spouse	You+ Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
15-19	40.0%	\$652.06	\$1,304.12	\$915.29	\$915.29	\$1,546.52	\$284.06
20-24	60.0%	\$452.06	\$904.12	\$610.20	\$610.20	\$1,031.02	\$189.37
25-29	80.0%	\$252.06	\$504.12	\$305.10	\$305.10	\$515.51	\$94.69
30+	90.0%	\$152.06	\$304.12	\$152.55	\$152.55	\$257.75	\$47.34

HDHP with Optional HSA: Non-Medicare Monthly Contribution (Z4)

Points	Subsidy (To Cap)	You Only or Spouse Only	You+Spouse	You+ Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
75-79	40.0%	\$654.40	\$1,308.80	\$917.33	\$917.33	\$1,549.97	\$284.69
80-84	60.0%	\$454.40	\$908.80	\$611.55	\$611.55	\$1,033.31	\$189.79
85-89	80.0%	\$254.40	\$508.80	\$305.78	\$305.78	\$516.66	\$94.90
90+	90.0%	\$154.40	\$308.80	\$152.89	\$152.89	\$258.33	\$47.45
Years of Service	Subsidy (To Cap)	You Only or Spouse Only	You+Spouse	You+ Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
15-19	40.0%	\$654.40	\$1,308.80	\$917.33	\$917.33	\$1,549.97	\$284.69
20-24	60.0%	\$454.40	\$908.80	\$611.55	\$611.55	\$1,033.31	\$189.79
25-29	80.0%	\$254.40	\$508.80	\$305.78	\$305.78	\$516.66	\$94.90
30+	90.0%	\$154.40	\$308.80	\$152.89	\$152.89	\$258.33	\$47.45

Doctors Plan (CO/AZ): Non-Medicare Monthly Contribution (Z4)

Points	Subsidy (To Cap)	You Only or Spouse Only	You+Spouse	You+ Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
75-79	40.0%	\$726.26	\$1,452.52	\$979.85	\$979.85	\$1,655.60	\$304.09
80-84	60.0%	\$526.26	\$1,052.52	\$653.23	\$653.23	\$1,103.74	\$202.73
85-89	80.0%	\$326.26	\$652.52	\$326.62	\$326.62	\$551.87	\$101.36
90+	90.0%	\$226.26	\$452.52	\$163.31	\$163.31	\$275.93	\$50.68
Years of Service	Subsidy (To Cap)	You Only or Spouse Only	You+Spouse	You+ Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
15-19	40.0%	\$726.26	\$1,452.52	\$979.85	\$979.85	\$1,655.60	\$304.09
20-24	60.0%	\$526.26	\$1,052.52	\$653.23	\$653.23	\$1,103.74	\$202.73
25-29	80.0%	\$326.26	\$652.52	\$326.62	\$326.62	\$551.87	\$101.36
30+	90.0%	\$226.26	\$452.52	\$163.31	\$163.31	\$275.93	\$50.68

CDHP: Non-Medicare Monthly Contribution (Z4)

Points	Subsidy (To Cap)	You Only or Spouse Only	You+Spouse	You+ Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
75-79	40.0%	\$770.61	\$1,541.23	\$1,018.43	\$1,018.43	\$1,720.80	\$316.07
80-84	60.0%	\$570.61	\$1,141.23	\$678.96	\$678.96	\$1,147.20	\$210.71
85-89	80.0%	\$370.61	\$741.23	\$339.48	\$339.48	\$573.60	\$105.36
90+	90.0%	\$270.61	\$541.23	\$169.74	\$169.74	\$286.80	\$52.68
Years of Service	Subsidy (To Cap)	You Only or Spouse Only	You+Spouse	You+ Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
15-19	40.0%	\$770.61	\$1,541.23	\$1,018.43	\$1,018.43	\$1,720.80	\$316.07
20-24	60.0%	\$570.61	\$1,141.23	\$678.96	\$678.96	\$1,147.20	\$210.71
25-29	80.0%	\$370.61	\$741.23	\$339.48	\$339.48	\$573.60	\$105.36
30+	90.0%	\$270.61	\$541.23	\$169.74	\$169.74	\$286.80	\$52.68

2024 Retiree Medicare Advantage (MAPD PPO + Dental) Plan

Medicare eligible individuals have the option to elect the Group Retiree MAPD PPO + Dental plan in lieu of receiving HRA company contributions. 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
Points											
75-79	\$34.40	\$34.40	\$68.80	\$83.04	\$223.04	\$48.64	\$188.64	\$48.64	\$188.64	\$14.24	\$154.24
80-84	\$0.00	\$0.00	\$0.00	\$0.00	\$54.56	\$0.00	\$72.96	\$0.00	\$72.96	\$0.00	\$91.36
85-89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$28.48
90+	\$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

Points	Subsidy (To Cap)	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

2024 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	\$37.79	\$75.59	\$66.14	\$66.14	\$113.38	\$28.35

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%	\$30.59	\$61.19	\$53.34	\$53.34	\$91.78	\$22.75
70-74	30.0%	\$26.99	\$53.99	\$46.94	\$46.94	\$80.98	\$19.95
75-79	40.0%	\$23.39	\$46.79	\$40.54	\$40.54	\$70.18	\$17.15
80+	50.0%	\$19.79	\$39.59	\$34.14	\$34.14	\$59.38	\$14.35

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		\$37.79	\$75.59	\$66.14	\$66.14	\$113.38	\$28.35

- 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.