

## 2024 Retiree Rates – CenturyTel (Z9)

### 2024 Non-Medicare Retiree Medical Plans & Total Monthly Rates (Z9)

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

### 2024 Non-Medicare Retiree Medical Monthly Contributions (Z9)

2024 Contributions	You Only or Spouse Only	You+Spouse	You+ Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
Surest Health Plan	\$52.06	\$104.12	\$0.00	\$0.00	\$0.00	\$0.00
HDHP with Optional HSA	\$54.40	\$108.80	\$0.00	\$0.00	\$0.00	\$0.00
Doctors Plan (CO/AZ)	\$126.26	\$252.52	\$0.00	\$0.00	\$0.00	\$0.00
CDHP	\$170.61	\$341.23	\$0.00	\$0.00	\$0.00	\$0.00

### 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
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**

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.