

2024 Retiree Rates – Madison River

- Certain eligible Madison River retirees from certain locations receive a subsidy credit (Health Reimbursement Account – HRA) that will offset your premiums for medical/prescription drugs and/or dental coverage. The non-Medicare retiree subsidy credit is \$10 per month (for each year of service), which is being applied to non-Medicare medical contributions below.

2024 Non-Medicare Retiree Medical Plans & Total Monthly Rates

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 Surest Health Plan Total Monthly Contributions

Credited Service	You Only or Spouse Only	You+Spouse	You+ Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
1	\$1,042.06	\$2,094.12	\$1,515.49	\$1,515.49	\$2,567.54	\$463.43
2	\$1,032.06	\$2,084.12	\$1,505.49	\$1,505.49	\$2,557.54	\$453.43
3	\$1,022.06	\$2,074.12	\$1,495.49	\$1,495.49	\$2,547.54	\$443.43
4	\$1,012.06	\$2,064.12	\$1,485.49	\$1,485.49	\$2,537.54	\$433.43
5	\$1,002.06	\$2,054.12	\$1,475.49	\$1,475.49	\$2,527.54	\$423.43
6	\$992.06	\$2,044.12	\$1,465.49	\$1,465.49	\$2,517.54	\$413.43
7	\$982.06	\$2,034.12	\$1,455.49	\$1,455.49	\$2,507.54	\$403.43
8	\$972.06	\$2,024.12	\$1,445.49	\$1,445.49	\$2,497.54	\$393.43
9	\$962.06	\$2,014.12	\$1,435.49	\$1,435.49	\$2,487.54	\$383.43
10	\$952.06	\$2,004.12	\$1,425.49	\$1,425.49	\$2,477.54	\$373.43

2024 Non-Medicare Retiree HDHP with Optional HSA Total Monthly Contributions

Credited Service	You Only or Spouse Only	You+Spouse	You+ Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
1	\$1,044.40	\$2,098.80	\$1,518.88	\$1,518.88	\$2,573.28	\$464.48
2	\$1,034.40	\$2,088.80	\$1,508.88	\$1,508.88	\$2,563.28	\$454.48
3	\$1,024.40	\$2,078.80	\$1,498.88	\$1,498.88	\$2,553.28	\$444.48
4	\$1,014.40	\$2,068.80	\$1,488.88	\$1,488.88	\$2,543.28	\$434.48
5	\$1,004.40	\$2,058.80	\$1,478.88	\$1,478.88	\$2,533.28	\$424.48
6	\$994.40	\$2,048.80	\$1,468.88	\$1,468.88	\$2,523.28	\$414.48
7	\$984.40	\$2,038.80	\$1,458.88	\$1,458.88	\$2,513.28	\$404.48
8	\$974.40	\$2,028.80	\$1,448.88	\$1,448.88	\$2,503.28	\$394.48
9	\$964.40	\$2,018.80	\$1,438.88	\$1,438.88	\$2,493.28	\$384.48
10	\$954.40	\$2,008.80	\$1,428.88	\$1,428.88	\$2,483.28	\$374.48

2024 Non-Medicare Retiree Doctors Plan (CO/AZ) Total Monthly Contributions

Credited Service	You Only or Spouse Only	You+Spouse	You+ Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
1	\$1,116.26	\$2,242.52	\$1,623.08	\$1,623.08	\$2,749.34	\$496.82
2	\$1,106.26	\$2,232.52	\$1,613.08	\$1,613.08	\$2,739.34	\$486.82
3	\$1,096.26	\$2,222.52	\$1,603.08	\$1,603.08	\$2,729.34	\$476.82
4	\$1,086.26	\$2,212.52	\$1,593.08	\$1,593.08	\$2,719.34	\$466.82
5	\$1,076.26	\$2,202.52	\$1,583.08	\$1,583.08	\$2,709.34	\$456.82
6	\$1,066.26	\$2,192.52	\$1,573.08	\$1,573.08	\$2,699.34	\$446.82
7	\$1,056.26	\$2,182.52	\$1,563.08	\$1,563.08	\$2,689.34	\$436.82
8	\$1,046.26	\$2,172.52	\$1,553.08	\$1,553.08	\$2,679.34	\$426.82
9	\$1,036.26	\$2,162.52	\$1,543.08	\$1,543.08	\$2,669.34	\$416.82
10	\$1,026.26	\$2,152.52	\$1,533.08	\$1,533.08	\$2,659.34	\$406.82

2024 Non-Medicare Retiree CDHP Total Monthly Contributions

Credited Service	You Only or Spouse Only	You+Spouse	You+ Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
1	\$1,160.61	\$2,331.23	\$1,687.39	\$1,687.39	\$2,858.00	\$516.78
2	\$1,150.61	\$2,321.23	\$1,677.39	\$1,677.39	\$2,848.00	\$506.78
3	\$1,140.61	\$2,311.23	\$1,667.39	\$1,667.39	\$2,838.00	\$496.78
4	\$1,130.61	\$2,301.23	\$1,657.39	\$1,657.39	\$2,828.00	\$486.78
5	\$1,120.61	\$2,291.23	\$1,647.39	\$1,647.39	\$2,818.00	\$476.78
6	\$1,110.61	\$2,281.23	\$1,637.39	\$1,637.39	\$2,808.00	\$466.78
7	\$1,100.61	\$2,271.23	\$1,627.39	\$1,627.39	\$2,798.00	\$456.78
8	\$1,090.61	\$2,261.23	\$1,617.39	\$1,617.39	\$2,788.00	\$446.78
9	\$1,080.61	\$2,251.23	\$1,607.39	\$1,607.39	\$2,778.00	\$436.78
10	\$1,070.61	\$2,241.23	\$1,597.39	\$1,597.39	\$2,768.00	\$426.78

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
Credited Service											
1	\$136.00	\$136.00	\$272.00	\$408.00	\$544.00	\$272.00	\$408.00	\$272.00	\$408.00	\$136.00	\$272.00
2	\$132.00	\$132.00	\$264.00	\$396.00	\$528.00	\$264.00	\$396.00	\$264.00	\$396.00	\$132.00	\$264.00
3	\$128.00	\$128.00	\$256.00	\$384.00	\$512.00	\$256.00	\$384.00	\$256.00	\$384.00	\$128.00	\$256.00
4	\$124.00	\$124.00	\$248.00	\$372.00	\$496.00	\$248.00	\$372.00	\$248.00	\$372.00	\$124.00	\$248.00
5	\$120.00	\$120.00	\$240.00	\$360.00	\$480.00	\$240.00	\$360.00	\$240.00	\$360.00	\$120.00	\$240.00
6	\$116.00	\$116.00	\$232.00	\$348.00	\$464.00	\$232.00	\$348.00	\$232.00	\$348.00	\$116.00	\$232.00
7	\$112.00	\$112.00	\$224.00	\$336.00	\$448.00	\$224.00	\$336.00	\$224.00	\$336.00	\$112.00	\$224.00
8	\$108.00	\$108.00	\$216.00	\$324.00	\$432.00	\$216.00	\$324.00	\$216.00	\$324.00	\$108.00	\$216.00
9	\$104.00	\$104.00	\$208.00	\$312.00	\$416.00	\$208.00	\$312.00	\$208.00	\$312.00	\$104.00	\$208.00
10	\$100.00	\$100.00	\$200.00	\$300.00	\$400.00	\$200.00	\$300.00	\$200.00	\$300.00	\$100.00	\$200.00

2024 Retiree Dental Plan & Total Monthly Rates

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

- 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 the Group Retiree MAPD PPO + Dental plan.