

2024 Retiree Rates – Qwest Non-Union

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 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

2024 LQ Management Company Subsidy Cap

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
LQ Management Company Subsidy Cap	\$390.00	\$780.00	\$663.00	\$663.00	\$1,053.00	\$273.00

2024 Non-Medicare Retiree Medical Monthly Contributions

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	\$662.06	\$1,324.12	\$862.49	\$862.49	\$1,524.54	\$200.43
HDHP with Optional HSA	\$664.40	\$1,328.80	\$865.88	\$865.88	\$1,530.28	\$201.48
Doctors Plan (CO/AZ)	\$736.26	\$1,472.52	\$970.08	\$970.08	\$1,706.34	\$233.82
CDHP	\$780.61	\$1,561.23	\$1,034.39	\$1,034.39	\$1,815.00	\$253.78

2024 Non-Medicare Retiree Dental Monthly Contributions

2024 Contributions	You Only or Spouse Only	You+Spouse	You+ Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
Basic Dental Plan	\$17.79	\$35.59	\$31.14	\$31.14	\$58.38	\$13.35

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
Qwest Non-Union	\$8.00	\$8.00	\$16.00	\$0.00	\$65.60	\$0.00	\$57.60	\$0.00	\$57.60	\$0.00	\$49.60

2024 Medicare Eligible Health Reimbursement Account (HRA) Annual Company Subsidy

Retiree Subsidy Annual	You Only or Spouse Only	You+Spouse	You+ Child(ren)	Spouse+ Child(ren)	You+Spouse+ Child(ren)	Child(ren) Only
Medical HRA Subsidy	\$1,740.00	\$3,480.00	\$5,016.00	\$5,016.00	\$6,756.00	\$3,276.00
Dental HRA Subsidy	\$240.00	\$480.00	\$420.00	\$420.00	\$660.00	\$180.00
Overall HRA Subsidy	\$1,980.00	\$3,960.00	\$5,436.00	\$5,436.00	\$7,416.00	\$3,456.00

- 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.