

2024 Retiree & COBRA Rates – CenturyTel

01/01/2024



CenturyTel Retiree rate sheets included in this document:

1. 100% Pay – No Company Subsidy
2. CenturyTel (ZM)
3. CenturyTel (Z4)
4. CenturyTel (Z9)
5. COBRA Active Rates
6. COBRA Retiree Rates (excluding Qwest Union Represented)

Please locate your applicable CenturyTel Retiree Rate sheet below. If you have trouble determining which rate sheet applies to you, please refer to the [Retiree Healthcare Matrix](#) to determine your group.

2024 Retiree Rates - 100% Pay – No Company Subsidy

2024 Non-Medicare Retiree Medical Plans & Total Monthly Rates

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
Surest Health Plan	\$1,052.06	\$1,052.06	\$2,104.12	\$1,525.49	\$1,525.49	\$2,577.54	\$473.43
HDHP w/Optional HSA	\$1,054.40	\$1,054.40	\$2,108.80	\$1,528.88	\$1,528.88	\$2,583.28	\$474.48
Doctors Plan (CO/AZ)	\$1,126.26	\$1,126.26	\$2,252.52	\$1,633.08	\$1,633.08	\$2,759.34	\$506.82
CDHP	\$1,170.61	\$1,170.61	\$2,341.23	\$1,697.39	\$1,697.39	\$2,868.00	\$526.78

2024 Medicare Advantage Plan Medical + Dental Plan & Total Monthly Rate

2024 Total Cost Per Month	Per Covered Medicare Individual in MAPD
Group Retiree MAPD PPO + Dental	\$140.00

2024 Retiree Dental Plan Total Monthly Rates

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
Retiree Dental	\$37.79	\$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.

2024 Retiree Rates – CenturyTel (ZM)

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

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
Surest Health Plan	\$1,052.06	\$1,052.06	\$2,104.12	\$1,525.49	\$1,525.49	\$2,577.54	\$473.43
HDHP w/Optional HSA	\$1,054.40	\$1,054.40	\$2,108.80	\$1,528.88	\$1,528.88	\$2,583.28	\$474.48
Doctors Plan (CO/AZ)	\$1,126.26	\$1,126.26	\$2,252.52	\$1,633.08	\$1,633.08	\$2,759.34	\$506.82
CDHP	\$1,170.61	\$1,170.61	\$2,341.23	\$1,697.39	\$1,697.39	\$2,868.00	\$526.78

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

Points	Subsidy (To Cap)	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
65-69	20.0%	\$852.06	\$852.06	\$1,704.12	\$1,220.39	\$1,220.39	\$2,062.03	\$378.74
70-74	30.0%	\$752.06	\$752.06	\$1,504.12	\$1,067.84	\$1,067.84	\$1,804.28	\$331.40
75-79	40.0%	\$652.06	\$652.06	\$1,304.12	\$915.29	\$915.29	\$1,546.52	\$284.06
80-84	60.0%	\$452.06	\$452.06	\$904.12	\$610.20	\$610.20	\$1,031.02	\$189.37
85-89	80.0%	\$252.06	\$252.06	\$504.12	\$305.10	\$305.10	\$515.51	\$94.69
90+	90.0%	\$152.06	\$152.06	\$304.12	\$152.55	\$152.55	\$257.75	\$47.34

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

Points	Subsidy (To Cap)	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
65-69	20.0%	\$854.40	\$854.40	\$1,708.80	\$1,223.10	\$1,223.10	\$2,066.62	\$379.58
70-74	30.0%	\$754.40	\$754.40	\$1,508.80	\$1,070.22	\$1,070.22	\$1,808.30	\$332.14
75-79	40.0%	\$654.40	\$654.40	\$1,308.80	\$917.33	\$917.33	\$1,549.97	\$284.69
80-84	60.0%	\$454.40	\$454.40	\$908.80	\$611.55	\$611.55	\$1,033.31	\$189.79
85-89	80.0%	\$254.40	\$254.40	\$508.80	\$305.78	\$305.78	\$516.66	\$94.90
90+	90.0%	\$154.40	\$154.40	\$308.80	\$152.89	\$152.89	\$258.33	\$47.45

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

Points	Subsidy (To Cap)	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
65-69	20.0%	\$926.26	\$926.26	\$1,852.52	\$1,306.46	\$1,306.46	\$2,207.47	\$405.46
70-74	30.0%	\$826.26	\$826.26	\$1,652.52	\$1,143.16	\$1,143.16	\$1,931.54	\$354.77
75-79	40.0%	\$726.26	\$726.26	\$1,452.52	\$979.85	\$979.85	\$1,655.60	\$304.09
80-84	60.0%	\$526.26	\$526.26	\$1,052.52	\$653.23	\$653.23	\$1,103.74	\$202.73
85-89	80.0%	\$326.26	\$326.26	\$652.52	\$326.62	\$326.62	\$551.87	\$101.36
90+	90.0%	\$226.26	\$226.26	\$452.52	\$163.31	\$163.31	\$275.93	\$50.68

CDHP: Non-Medicare Monthly Contribution (ZM)

Points	Subsidy (To Cap)	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
65-69	20.0%	\$970.61	\$970.61	\$1,941.23	\$1,357.91	\$1,357.91	\$2,294.40	\$421.42
70-74	30.0%	\$870.61	\$870.61	\$1,741.23	\$1,188.17	\$1,188.17	\$2,007.60	\$368.75
75-79	40.0%	\$770.61	\$770.61	\$1,541.23	\$1,018.43	\$1,018.43	\$1,720.80	\$316.07
80-84	60.0%	\$570.61	\$570.61	\$1,141.23	\$678.96	\$678.96	\$1,147.20	\$210.71
85-89	80.0%	\$370.61	\$370.61	\$741.23	\$339.48	\$339.48	\$573.60	\$105.36
90+	90.0%	\$270.61	\$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 ZM retirees 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											
65-69	\$87.20	\$87.20	\$174.40	\$251.52	\$391.52	\$164.32	\$304.32	\$164.32	\$304.32	\$77.12	\$217.12
70-74	\$60.80	\$60.80	\$121.60	\$167.28	\$307.28	\$106.48	\$246.66	\$106.48	\$246.48	\$45.68	\$185.68
75-79	\$34.40	\$34.40	\$68.80	\$83.04	\$223.04	\$48.64	\$188.89	\$48.64	\$188.64	\$14.24	\$154.24
80-84	\$0.00	\$0.00	\$0.00	\$0.00	\$54.56	\$0.00	\$73.33	\$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 (ZM)

Points	Subsidy (To Cap)	Retiree Only	Spouse Only	Retiree+ Spouse	Retiree + Child(ren)	Spouse+ Child(ren)	Retiree + Family	Child(ren)
65-69	20.0%	\$792.00	\$792.00	\$1,584.00	\$1,735.20	\$1,735.20	\$2,527.20	\$943.20
70-74	30.0%	\$1,188.00	\$1,188.00	\$2,376.00	\$2,602.80	\$2,602.80	\$3,790.80	\$1,414.80
75-79	40.0%	\$1,584.00	\$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	\$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	\$3,168.00	\$6,336.00	\$6,940.80	\$6,940.80	\$10,108.80	\$3,772.80
90+	90.0%	\$3,564.00	\$3,564.00	\$7,128.00	\$7,808.40	\$7,808.40	\$11,372.40	\$4,244.40

2024 Retiree Dental Plan Total Monthly Rates (ZM)

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
Retiree Dental	\$37.79	\$37.79	\$75.59	\$66.14	\$66.14	\$113.38	\$28.35

Non-Medicare Retirees: Monthly Dental Contribution (ZM)

Points	Subsidy (To Cap)	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
65-69	20.0%	\$30.59	\$30.59	\$61.19	\$53.34	\$53.34	\$91.78	\$22.75
70-74	30.0%	\$26.99	\$26.99	\$53.99	\$46.94	\$46.94	\$80.98	\$19.95
75-79	40.0%	\$23.39	\$23.39	\$46.79	\$40.54	\$40.54	\$70.18	\$17.15
80+	50.0%	\$19.79	\$19.79	\$39.59	\$34.14	\$34.14	\$59.38	\$14.35

Medicare Retirees: Monthly Dental Contribution (ZM)

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
Medicare Retirees	\$37.79	\$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.

2024 Retiree Rates – CenturyTel (Z4)

Z4 medical plan subsidies are based on a “Better Of” determination among Years of Service and Points matrices

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

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
Surest Health Plan	\$1,052.06	\$1,052.06	\$2,104.12	\$1,525.49	\$1,525.49	\$2,577.54	\$473.43
HDHP w/Optional HSA	\$1,054.40	\$1,054.40	\$2,108.80	\$1,528.88	\$1,528.88	\$2,583.28	\$474.48
Doctors Plan (CO/AZ)	\$1,126.26	\$1,126.26	\$2,252.52	\$1,633.08	\$1,633.08	\$2,759.34	\$506.82
CDHP	\$1,170.61	\$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)	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
75-79	40.0%	\$652.06	\$652.06	\$1,304.12	\$915.29	\$915.29	\$1,546.52	\$284.06
80-84	60.0%	\$452.06	\$452.06	\$904.12	\$610.20	\$610.20	\$1,031.02	\$189.37
85-89	80.0%	\$252.06	\$252.06	\$504.12	\$305.10	\$305.10	\$515.51	\$94.69
90+	90.0%	\$152.06	\$152.06	\$304.12	\$152.55	\$152.55	\$257.75	\$47.34
OR								
Yrs of Svc	Subsidy (To Cap)	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
15-19	40.0%	\$652.06	\$652.06	\$1,304.12	\$915.29	\$915.29	\$1,546.52	\$284.06
20-24	60.0%	\$452.06	\$452.06	\$904.12	\$610.20	\$610.20	\$1,031.02	\$189.37
25-29	80.0%	\$252.06	\$252.06	\$504.12	\$305.10	\$305.10	\$515.51	\$94.69
30+	90.0%	\$152.06	\$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)	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
75-79	40.0%	\$654.40	\$654.40	\$1,308.80	\$917.33	\$917.33	\$1,549.97	\$284.69
80-84	60.0%	\$454.40	\$454.40	\$908.80	\$611.55	\$611.55	\$1,033.31	\$189.79
85-89	80.0%	\$254.40	\$254.40	\$508.80	\$305.78	\$305.78	\$516.66	\$94.90
90+	90.0%	\$154.40	\$154.40	\$308.80	\$152.89	\$152.89	\$258.33	\$47.45
OR								
Yrs of Svc	Subsidy (To Cap)	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
15-19	40.0%	\$654.40	\$654.40	\$1,308.80	\$917.33	\$917.33	\$1,549.97	\$284.69
20-24	60.0%	\$454.40	\$454.40	\$908.80	\$611.55	\$611.55	\$1,033.31	\$189.79
25-29	80.0%	\$254.40	\$254.40	\$508.80	\$305.78	\$305.78	\$516.66	\$94.90
30+	90.0%	\$154.40	\$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)	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
75-79	40.0%	\$726.26	\$726.26	\$1,452.52	\$979.85	\$979.85	\$1,655.60	\$304.09
80-84	60.0%	\$526.26	\$526.26	\$1,052.52	\$653.23	\$653.23	\$1,103.74	\$202.73
85-89	80.0%	\$326.26	\$326.26	\$652.52	\$326.62	\$326.62	\$551.87	\$101.36
90+	90.0%	\$226.26	\$226.26	\$452.52	\$163.31	\$163.31	\$275.93	\$50.68
OR								
Yrs of Svc	Subsidy (To Cap)	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
15-19	40.0%	\$726.26	\$726.26	\$1,452.52	\$979.85	\$979.85	\$1,655.60	\$304.09
20-24	60.0%	\$526.26	\$526.26	\$1,052.52	\$653.23	\$653.23	\$1,103.74	\$202.73
25-29	80.0%	\$326.26	\$326.26	\$652.52	\$326.62	\$326.62	\$551.87	\$101.36
30+	90.0%	\$226.26	\$226.26	\$452.52	\$163.31	\$163.31	\$275.93	\$50.68

CDHP: Non-Medicare Monthly Contribution (Z4)

Points	Subsidy (To Cap)	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
75-79	40.0%	\$770.61	\$770.61	\$1,541.23	\$1,018.43	\$1,018.43	\$1,720.80	\$316.07
80-84	60.0%	\$570.61	\$570.61	\$1,141.23	\$678.96	\$678.96	\$1,147.20	\$210.71
85-89	80.0%	\$370.61	\$370.61	\$741.23	\$339.48	\$339.48	\$573.60	\$105.36
90+	90.0%	\$270.61	\$270.61	\$541.23	\$169.74	\$169.74	\$286.80	\$52.68
OR								
Yrs of Svc	Subsidy (To Cap)	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
15-19	40.0%	\$770.61	\$770.61	\$1,541.23	\$1,018.43	\$1,018.43	\$1,720.80	\$316.07
20-24	60.0%	\$570.61	\$570.61	\$1,141.23	\$678.96	\$678.96	\$1,147.20	\$210.71
25-29	80.0%	\$370.61	\$370.61	\$741.23	\$339.48	\$339.48	\$573.60	\$105.36
30+	90.0%	\$270.61	\$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 for Z4 retirees 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 (Z4)

Points	Subsidy (To Cap)	Retiree Only	Spouse Only	Retiree+ Spouse	Retiree + Child(ren)	Spouse+ Child(ren)	Retiree + Family	Child(ren)
75-79	40.0%	\$1,584.00	\$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	\$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	\$3,168.00	\$6,336.00	\$6,940.80	\$6,940.80	\$10,108.80	\$3,772.80
90+	90.0%	\$3,564.00	\$3,564.00	\$7,128.00	\$7,808.40	\$7,808.40	\$11,372.40	\$4,244.40

2024 Retiree Dental Plan Total Monthly Rates (Z4)

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
Retiree Dental	\$37.79	\$37.79	\$75.59	\$66.14	\$66.14	\$113.38	\$28.35

Non-Medicare Retirees: Monthly Dental Contribution (Z4)

Points	Subsidy (To Cap)	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
65-69	20.0%	\$30.59	\$30.59	\$61.19	\$53.34	\$53.34	\$91.78	\$22.75
70-74	30.0%	\$26.99	\$26.99	\$53.99	\$46.94	\$46.94	\$80.98	\$19.95
75-79	40.0%	\$23.39	\$23.39	\$46.79	\$40.54	\$40.54	\$70.18	\$17.15
80+	50.0%	\$19.79	\$19.79	\$39.59	\$34.14	\$34.14	\$59.38	\$14.35

Medicare Retirees: Monthly Dental Contribution (Z4)

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
Medicare Retirees	\$37.79	\$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.

2024 Retiree Rates - CenturyTel (Z9)

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

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
Surest Health Plan	\$1,052.06	\$1,052.06	\$2,104.12	\$1,525.49	\$1,525.49	\$2,577.54	\$473.43
HDHP w/Optional HSA	\$1,054.40	\$1,054.40	\$2,108.80	\$1,528.88	\$1,528.88	\$2,583.28	\$474.48
Doctors Plan (CO/AZ)	\$1,126.26	\$1,126.26	\$2,252.52	\$1,633.08	\$1,633.08	\$2,759.34	\$506.82
CDHP	\$1,170.61	\$1,170.61	\$2,341.23	\$1,697.39	\$1,697.39	\$2,868.00	\$526.78

2024 Non-Medicare Retiree Medical Monthly Contribution (Z9)

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
Surest Health Plan	\$52.06	\$52.06	\$104.12	\$0.00	\$0.00	\$0.00	\$0.00
HDHP w/Optional HSA	\$54.40	\$54.40	\$108.80	\$0.00	\$0.00	\$0.00	\$0.00
Doctors Plan (CO/AZ)	\$126.26	\$126.26	\$252.52	\$0.00	\$0.00	\$0.00	\$0.00
CDHP	\$170.61	\$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 for Z9 retirees 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

2024 Medicare Eligible Health Reimbursement Account (HRA) Annual Company Subsidy (Z9)

	Retiree Only	Spouse Only	Retiree and Spouse	Retiree + 1 Child	Retiree + 2+ Children	Spouse + 1 Child	Spouse + 2+ Children	Retiree + Spouse + 1 Child	Retiree + Spouse + 2+ Children	Child(ren) Only
Medicare HRA	\$3,780.00	\$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

2024 Retiree Dental Plan Total Monthly Rates (Z9)

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
Retiree Dental	\$37.79	\$37.79	\$75.59	\$66.14	\$66.14	\$113.38	\$28.35

Non-Medicare Retirees: Monthly Dental Contribution (Z9)

Points	Subsidy (To Cap)	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
65-69	20.0%	\$30.59	\$30.59	\$61.19	\$53.34	\$53.34	\$91.78	\$22.75
70-74	30.0%	\$26.99	\$26.99	\$53.99	\$46.94	\$46.94	\$80.98	\$19.95
75-79	40.0%	\$23.39	\$23.39	\$46.79	\$40.54	\$40.54	\$70.18	\$17.15
80+	50.0%	\$19.79	\$19.79	\$39.59	\$34.14	\$34.14	\$59.38	\$14.35

Medicare Retirees: Monthly Dental Contribution (Z9)

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
Medicare Retirees	\$37.79	\$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.

2024 Total Monthly Active COBRA Rates

Medical 2024 COBRA Rates	<u>Total Monthly Cost</u>			
	<u>Employee</u>	<u>EE+Spouse</u>	<u>EE+Children</u>	<u>EE+Family</u>
Surest Health Plan	\$760.12	\$1,596.29	\$1,368.27	\$2,204.40
HDHP w/Optional HSA	\$751.92	\$1,579.04	\$1,353.46	\$2,180.60
Doctors Plan (CO/AZ)	\$802.59	\$1,685.46	\$1,444.69	\$2,327.52
CDHP	\$839.12	\$1,762.16	\$1,510.45	\$2,433.48
Dental 2024 COBRA Rates	<u>Total Monthly Cost</u>			
	<u>Employee</u>	<u>EE+Spouse</u>	<u>EE+ Children</u>	<u>EE+Family</u>
Dental Option 1	\$30.63	\$70.52	\$76.64	\$116.51
Dental Option 2	\$37.88	\$87.19	\$94.77	\$144.02
Vision 2024 COBRA Rates	<u>Total Monthly Cost</u>			
	<u>Employee</u>	<u>EE+Spouse</u>	<u>EE+Children</u>	<u>EE+Family</u>
Vision	\$7.38	\$15.49	\$13.35	\$21.42

2024 Total Monthly Retiree COBRA Rates (excluding Qwest Union Represented)

2024 Non-Medicare Medical COBRA Rates

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
Surest Health Plan	\$1,073.10	\$1,073.10	\$2,146.20	\$1,556.00	\$1,556.00	\$2,629.09	\$482.90
HDHP w/Optional HSA	\$1,075.49	\$1,075.49	\$2,150.98	\$1,559.46	\$1,559.46	\$2,634.95	\$483.97
Doctors Plan (CO/AZ)	\$1,148.79	\$1,148.79	\$2,297.57	\$1,665.74	\$1,665.74	\$2,814.53	\$516.96
CDHP	\$1,194.02	\$1,194.02	\$2,388.05	\$1,731.34	\$1,731.34	\$2,925.36	\$537.32

2024 Medicare Advantage Plan Medical + Dental COBRA Rate

2024 Total Cost Per Month	Per Covered Medicare Individual in MAPD
Group Retiree MAPD PPO + Dental	\$142.80

2024 Dental Plan COBRA Rates

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
Retiree Dental	\$38.55	\$38.55	\$77.10	\$67.46	\$67.46	\$115.65	\$28.91