

2024 Retiree & COBRA Rates – Embarq

01/01/2024

Embarq Retiree rate sheets included in this document:

- 1. Embarq SHARE Rates
- 2. COBRA Active Rates
- 3. COBRA Retiree Rates (excluding Qwest Union Represented)

Please locate your applicable Embarq Retiree Rate sheet below. If you have trouble determining which rate sheet applies to you, please refer to the <u>Retiree Healthcare Matrix</u> to determine your group.

2024 Retiree Rates - Embarq SHARE

- Starting at age 50, Legacy Embarq employees earn \$1,600 per year toward your SHARE Account until you reach 65 (maximum 15 years \$24,000)
- Full cost of non-Medicare coverage shown below is withdrawn from Share Account
- Once Medicare eligible, Lumen medical plan ends. Unused SHARE dollars may be used towards private Medicare Supplement Plan or towards new Group Retiree Medicare Advantage (MAPD PPO + Dental) plan.
- Contact One Exchange at 888-825-4252 to enroll in a Medicare Supplement Plan if not otherwise enrolling in new Group Retiree MAPD PPO + Dental plan as a Medicare-eligible individual.

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 Total Monthly Active COBRA Rates

Medical	Total Monthly Cost						
2024 COBRA Rates	Employee	EE+Spouse	EE+Children	EE+Family			
Surest Health Plan	\$760.12	\$1,596.29	\$1,368.27	\$2,204.40			
HDHP with 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						
Dental	Total Monthly Cost						
2024 COBRA Rates	Employee	EE+Spouse	EE+ Children	EE+Family			
Dental Option 1	\$30.63	\$70.52	\$76.64	\$116.51			
Dental Option 2	\$37.88	\$87.19	\$94.77	\$144.02			
Vision	Total Monthly Cost						
2024 COBRA Rates	Employee	EE+Spouse	EE+Children	EE+Family			
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