

2024 Retiree & COBRA Rates – Qwest Union Represented

01/01/2024



Qwest Union Represented rate sheets included in this document:

1. Qwest Union Represented Retiree Rates
2. COBRA Active Rates
3. COBRA Retiree Rates (Qwest Union Represented)

Please locate your applicable Qwest Union Represented 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 - Qwest Union Represented

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
Retiree Dental	\$37.79	\$37.79	\$75.59	\$66.14	\$66.14	\$113.38	\$28.35

LQ Union Company Subsidy Cap	\$520.83	\$520.83	\$1,041.67	\$693.33	\$693.33	\$1,214.17	\$172.50
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2024 Non-Medicare Retiree Medical Plans Monthly Contributions

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
Surest Health Plan	\$531.23	\$531.23	\$1,062.45	\$832.16	\$832.16	\$1,363.37	\$300.93
HDHP w/Optional HSA	\$533.57	\$533.57	\$1,067.13	\$835.55	\$835.55	\$1,369.11	\$301.98
Doctors Plan (CO/AZ)	\$605.43	\$605.43	\$1,210.85	\$939.75	\$939.75	\$1,545.17	\$334.32
CDHP	\$649.78	\$649.78	\$1,299.56	\$1,004.06	\$1,004.06	\$1,653.83	\$354.28
Retiree Dental	\$37.79	\$37.79	\$75.59	\$66.14	\$66.14	\$113.38	\$28.35

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 Union Represented	\$0.00	\$0.00	\$0.00	\$0.00	\$79.33	\$0.00	\$110.67	\$0.00	\$110.67	\$2.00	\$142.00

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

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren)
HRA Subsidy	\$2,570.00	\$2,570.00	\$5,140.00	\$4,640.00	\$4,640.00	\$7,210.00	\$2,070.00

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 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	\$2,433.48
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 - Qwest Union Represented

2024 Medical Plan 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