2027 Retiree and COBRA Premiums CenturyTel

January 1, 2027

CenturyTel Retiree and COBRA monthly premium rate sheets included in this document:

- CenturyTel Non-Union (Access Only, Groups 2-AZ and Group 12)
- CenturyTel (Group 1-ZM)
- CenturyTel (Groups 3-Z4 and 4-Z4)
- CenturyTel (Group 4-Z9)
- COBRA Premiums for former Active employees
- COBRA Premiums for Retirees

Please locate your applicable premium rate sheet. If you have trouble determining which premium rate sheet applies to you, please refer to the **Retiree Health Care, Life Insurance and Survivor Benefits Guide** on lumenbenefits.com or in the **Reference Center** on the Health and Life website to determine your group.

Note: References to a Spouse in the charts include an eligible/enrolled Domestic Partner (DP).

Important information for the Medical Plans:

- The Retiree must be enrolled for a Spouse, Domestic Partner (DP) and/or Child(ren) to be covered. If the Retiree suspends or waives, dependents will be automatically suspended or waived, respectively.
- Premiums for Spouse only, Child(ren) only, and Spouse & Child(ren) are based on split-families where families have both Medicare eligible and non-Medicare eligible participants.
- **Access Only, Groups 2-AZ and Group 12:** When the Retiree becomes Medicare eligible, all coverage ends for the Retiree and their dependent(s) even if the dependent(s) are not Medicare eligible. If the dependent(s) become Medicare eligible before the retiree, the dependent's coverage will end.

You can contact Via Benefits at 888-825-4252 to enroll in an individual Medicare policy.

You can contact MetLife at 844-2METDEN (844-263-8336) to enroll in a MetLife TakeAlong Dental plan option. Contact MetLife within 30 days of losing coverage and confirm eligibility requirements directly with MetLife.

- Confidential- Disclose and distribute only to Lumen Employees and authorized persons working for Lumen. Disclosure outside of Lumen is prohibited without authorization.

CenturyTel Non-Union (Access Only, Group 2-AZ and Group 12)

Retiree non-Medicare Medical Plans (total cost)

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren) Only
Surest Health PPO	$1,437.60	$1,437.60	$2,875.20	$2,084.52	$2,084.52	$3,522.12	$646.92
Surest Select Health PPO	$1,466.38	$1,466.38	$2,932.76	$2,126.25	$2,126.25	$3,592.63	$659.87
High Deductible Health Plan	$1,423.24	$1,423.24	$2,846.48	$2,063.70	$2,063.70	$3,486.96	$640.48

Retiree non-Medicare Dental Plan (total cost/your cost)

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren) Only
Dental	$43.13	$43.13	$86.26	$75.47	$75.47	$129.38	$32.34

Important note for the Dental Plan: If the Retiree is non-Medicare eligible, the Retiree must be enrolled for a Spouse, Domestic Partner (DP) and/or Child(ren) to be covered.

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CenturyTel (1-ZM)

Retiree non-Medicare Medical plans (total cost)

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren) Only
Surest Health PPO	$1,437.60	$1,437.60	$2,875.20	$2,084.52	$2,084.52	$3,522.12	$646.92
Surest Select Health PPO	$1,466.38	$1,466.38	$2,932.76	$2,126.25	$2,126.25	$3,592.63	$659.87
High Deductible Health Plan (HDHP)	$1,423.24	$1,423.24	$2,846.48	$2,063.70	$2,063.70	$3,486.96	$640.48

Surest Health PPO: Non-Medicare (your cost)

Points	Subsidy (To Cap)	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren) Only
65-69	20.0%	$1,237.60	$1,237.60	$2,475.20	$1,684.52	$1,684.52	$2,922.12	$517.54
70-74	30.0%	$1,137.60	$1,137.60	$2,275.20	$1,484.52	$1,484.52	$2,622.12	$452.84
75-79	40.0%	$1,037.60	$1,037.60	$2,075.20	$1,284.52	$1,284.52	$2,322.12	$388.15
80-84	60.0%	$837.60	$837.60	$1,675.20	$884.52	$884.52	$1,722.12	$258.77
85-89	80.0%	$637.60	$637.60	$1,275.20	$484.52	$484.52	$1,122.12	$129.38
90+	90.0%	$537.60	$537.60	$1,075.20	$284.52	$284.52	$822.12	$64.69

Surest Select Health PPO: Non-Medicare (your cost)

Points	Subsidy (To Cap)	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren) only
65-69	20.0%	$1,266.38	$1,266.38	$2,532.76	$1,726.25	$1,726.25	$2,992.63	$527.90
70-74	30.0%	$1,166.38	$1,166.38	$2,332.76	$1,526.25	$1,526.25	$2,692.63	$461.91
75-79	40.0%	$1,066.38	$1,066.38	$2,132.76	$1,326.25	$1,326.25	$2,392.63	$395.92
80-84	60.0%	$866.38	$866.38	$1,732.76	$926.25	$926.25	$1,792.63	$263.95
85-89	80.0%	$666.38	$666.38	$1,332.76	$526.25	$526.25	$1,192.63	$131.97
90+	90.0%	$566.38	$566.38	$1,132.76	$326.25	$326.25	$892.63	$65.99

High Deductible Health Plan (HDHP): Non-Medicare (your cost)

Points	Subsidy (To Cap)	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren) Only
65-69	20.0%	$1,223.24	$1,223.24	$2,446.48	$1,663.70	$1,663.70	$2,886.96	$512.38
70-74	30.0%	$1,123.24	$1,123.24	$2,246.48	$1,463.70	$1,463.70	$2,586.96	$448.34
75-79	40.0%	$1,023.24	$1,023.24	$2,046.48	$1,263.70	$1,263.70	$2,286.96	$384.29
80-84	60.0%	$823.24	$823.24	$1,646.48	$863.70	$863.70	$1,686.96	$256.19
85-89	80.0%	$623.24	$623.24	$1,246.48	$463.70	$463.70	$1,086.96	$128.10
90+	90.0%	$523.24	$523.24	$1,046.48	$263.70	$263.70	$786.96	$64.05

- Confidential- Disclose and distribute only to Lumen Employees and authorized persons working for Lumen. Disclosure outside of Lumen is prohibited without authorization.

Retiree Medicare Advantage PPO Medical + Dental Plan and Lumen Part D Prescription Drug Plan (MA+PDP)

Medicare eligible individuals have the option to elect the MA+PDP plan in lieu of electing the Lumen Medicare Health Reimbursement Account (HRA) - company contributions. Retiree's monthly premiums for this plan are:

Monthly premiums for the MA+PDP 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	$193.50	$193.50	$387.00	$570.42	$816.72	$376.92	$623.22	$376.92	$623.22	$183.42	$429.72
70-74	$167.10	$167.10	$334.20	$486.18	$732.48	$319.08	$565.56	$319.08	$565.38	$151.98	$398.28
75-79	$140.70	$140.70	$281.40	$401.94	$648.24	$261.24	$507.79	$261.24	$507.54	$120.54	$366.84
80-84	$87.90	$87.90	$175.80	$233.46	$479.76	$145.56	$392.23	$145.56	$391.86	$57.66	$303.96
85-89	$35.10	$35.10	$70.20	$64.98	$311.28	$29.88	$276.67	$29.88	$276.18	$0.00	$241.08
90+	$8.70	$8.70	$17.40	$0.00	$227.04	$0.00	$218.89	$0.00	$218.34	$0.00	$209.64

Medicare Health Reimbursement Account (HRA) total Annual Company Subsidy

Points	Subsidy (To Cap)	Retiree Only	Spouse Only	Retiree+ Spouse	Retiree + Child(ren)	Spouse + Child(ren)	Retiree + Family	Child(ren) only
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

Retiree non-Medicare Dental Plan (total cost)

	Retiree Only	Spouse /DP Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren) Only
Dental	$43.13	$43.13	$86.26	$75.47	$75.47	$129.38	$32.34

Important note for the Dental Plan: If the Retiree is non-Medicare eligible, the Retiree must be enrolled for a Spouse, Domestic Partner (DP) and/or Child(ren) to be covered. If the Retiree suspends or waives, dependents will also be suspended or waived.

Premiums for Spouse only, Child only, and Spouse & Child(ren) are based on split-families where families have both Medicare eligible and non-Medicare eligible participants.

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Retiree non-Medicare Dental Plan (your cost)

Points	Subsidy (To Cap)	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren) Only
65-69	20.0%	$35.93	$35.93	$71.86	$62.67	$62.67	$107.78	$26.74
70-74	30.0%	$32.33	$32.33	$64.66	$56.27	$56.27	$96.98	$23.94
75-79	40.0%	$28.73	$28.73	$57.46	$49.87	$49.87	$86.18	$21.14
80+	50.0%	$25.13	$25.13	$50.26	$43.47	$43.47	$75.38	$18.34

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CenturyTel (Groups 3-Z4 and 4-Z4)

Z4 medical plan subsidies are based on the "Better Of" Years of Service or Years of Service plus Age.

Retiree non-Medicare Medical Plans (total cost)

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren) Only
Surest Health PPO	$1,437.60	$1,437.60	$2,875.20	$2,084.52	$2,084.52	$3,522.12	$646.92
Surest Select Health PPO	$1,466.38	$1,466.38	$2,932.76	$2,126.25	$2,126.25	$3,592.63	$659.87
High Deductible Health Plan (HDHP)	$1,423.24	$1,423.24	$2,846.48	$2,063.70	$2,063.70	$3,486.96	$640.48

Surest Health PPO: Non-Medicare (your cost)

Points	Subsidy (To Cap)	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren) Only
75-79	40.0%	$1,037.60	$1,037.60	$2,075.20	$1,284.52	$1,284.52	$2,322.12	$388.15
80-84	60.0%	$837.60	$837.60	$1,675.20	$884.52	$884.52	$1,722.12	$258.77
85-89	80.0%	$637.60	$637.60	$1,275.20	$484.52	$484.52	$1,122.12	$129.38
90+	90.0%	$537.60	$537.60	$1,075.20	$284.52	$284.52	$822.12	$64.69
Or								
Yrs of Svc	**Subsidy (To Cap)**	**Retiree Only**	**Spouse Only**	**Retiree & Spouse**	**Retiree & Child(ren)**	**Spouse & Child(ren)**	**Retiree & Family**	**Child(ren) Only**
15-19	40.0%	$1,037.60	$1,037.60	$2,075.20	$1,284.52	$1,284.52	$2,322.12	$388.15
20-24	60.0%	$837.60	$837.60	$1,675.20	$884.52	$884.52	$1,722.12	$258.77
25-29	80.0%	$637.60	$637.60	$1,275.20	$484.52	$484.52	$1,122.12	$129.38
30+	90.0%	$537.60	$537.60	$1,075.20	$284.52	$284.52	$822.12	$64.69

Surest Select Health PPO: Non-Medicare (your cost)

Points	Subsidy (To Cap)	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren) Only
75-79	40.0%	$1,066.38	$1,066.38	$2,132.76	$1,326.25	$1,326.25	$2,392.63	$395.92
80-84	60.0%	$866.38	$866.38	$1,732.76	$926.25	$926.25	$1,792.63	$263.95
85-89	80.0%	$666.38	$666.38	$1,332.76	$526.25	$526.25	$1,192.63	$131.97
90+	90.0%	$566.38	$566.38	$1,132.76	$326.25	$326.25	$892.63	$65.99
Or								
Yrs of Svc	**Subsidy (To Cap)**	**Retiree Only**	**Spouse Only**	**Retiree & Spouse**	**Retiree & Child(ren)**	**Spouse & Child(ren)**	**Retiree & Family**	**Child(ren) Only**
15-19	40.0%	$1,066.38	$1,066.38	$2,132.76	$1,326.25	$1,326.25	$2,392.63	$395.92
20-24	60.0%	$866.38	$866.38	$1,732.76	$926.25	$926.25	$1,792.63	$263.95
25-29	80.0%	$666.38	$666.38	$1,332.76	$526.25	$526.25	$1,192.63	$131.97
30+	90.0%	$566.38	$566.38	$1,132.76	$326.25	$326.25	$892.63	$65.99

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High Deductible Health Plan (HDHP): Non-Medicare (your cost)

Points	Subsidy (To Cap)	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren) Only
75-79	40.0%	$1,023.24	$1,023.24	$2,046.48	$1,263.70	$1,263.70	$2,286.96	$384.29
80-84	60.0%	$823.24	$823.24	$1,646.48	$863.70	$863.70	$1,686.96	$256.19
85-89	80.0%	$623.24	$623.24	$1,246.48	$463.70	$463.70	$1,086.96	$128.10
90+	90.0%	$523.24	$523.24	$1,046.48	$263.70	$263.70	$786.96	$64.05
Or								
Yrs of Svc	**Subsidy (To Cap)**	**Retiree Only**	**Spouse Only**	**Retiree & Spouse**	**Retiree & Child(ren)**	**Spouse & Child(ren)**	**Retiree & Family**	**Child(ren) Only**
15-19	40.0%	$1,023.24	$1,023.24	$2,046.48	$1,263.70	$1,263.70	$2,286.96	$384.29
20-24	60.0%	$823.24	$823.24	$1,646.48	$863.70	$863.70	$1,686.96	$256.19
25-29	80.0%	$623.24	$623.24	$1,246.48	$463.70	$463.70	$1,086.96	$128.10
30+	90.0%	$523.24	$523.24	$1,046.48	$263.70	$263.70	$786.96	$64.05

Retiree Medicare Advantage PPO Medical + Dental Plan and Lumen Part D Prescription Drug Plan (MA+PDP)

Medicare eligible individuals have the option to elect the MA+PDP plan in lieu of electing the Lumen Medicare Health Reimbursement Account (HRA) - company contributions. Retiree's monthly premiums for this plan are:

Monthly premiums for the MA+PDP 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	$140.70	$140.70	$281.40	$401.94	$648.24	$261.24	$507.54	$261.24	$507.54	$120.54	$366.84
80-84	$87.90	$87.90	$175.80	$233.46	$479.76	$145.56	$391.86	$145.56	$391.86	$57.66	$303.96
85-89	$35.10	$35.10	$70.20	$64.98	$311.28	$29.88	$276.18	$29.88	$276.18	$0.00	$241.08
90+	$8.70	$8.70	$17.40	$0.00	$227.04	$0.00	$218.34	$0.00	$218.34	$0.00	$209.64

Medicare Health Reimbursement Account (HRA) total Annual Company Subsidy

Points	Subsidy (To Cap)	Retiree Only	Spouse Only	Retiree+ Spouse	Retiree + Child(ren)	Spouse + Child(ren)	Retiree + Family	Child(ren) Only
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

Retiree non-Medicare Dental Plan (total cost)

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren) Only
Dental	$43.13	$43.13	$86.26	$75.47	$75.47	$129.38	$32.34

- Confidential- Disclose and distribute only to Lumen Employees and authorized persons working for Lumen. Disclosure outside of Lumen is prohibited without authorization.

Important note for the Dental Plan: If the Retiree is non-Medicare eligible, the Retiree must be enrolled for a Spouse, Domestic Partner (DP) and/or Child(ren) to be covered. If the Retiree suspends or waives, dependents will also be suspended or waived.

Premiums for Spouse only, Child only, and Spouse & Child(ren) are based on split-families where families have both Medicare eligible and non-Medicare eligible participants.

Retiree non-Medicare Dental Plan (your cost)

Points	Subsidy (To Cap)	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren) Only
65-69	20.0%	$35.93	$35.93	$71.86	$62.67	$62.67	$107.78	$26.74
70-74	30.0%	$32.33	$32.33	$64.66	$56.27	$56.27	$96.98	$23.94
75-79	40.0%	$28.73	$28.73	$57.46	$49.87	$49.87	$86.18	$21.14
80+	50.0%	$25.13	$25.13	$50.26	$43.47	$43.47	$75.38	$18.34

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CenturyTel (Group 4-Z9)

Retiree non-Medicare Medical Plans (total cost)

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren) Only
Surest Health PPO	$1,437.60	$1,437.60	$2,875.20	$2,084.52	$2,084.52	$3,522.12	$646.92
Surest Select Health PPO	$1,466.38	$1,466.38	$2,932.76	$2,126.25	$2,126.25	$3,592.63	$659.87
High Deductible Health Plan (HDHP)	$1,423.24	$1,423.24	$2,846.48	$2,063.70	$2,063.70	$3,486.96	$640.48

Retiree non-Medicare Medical Plans (your cost)

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren) Only
Surest Health PPO	$437.60	$437.60	$875.20	$84.52	$84.52	$522.12	$0.00
Surest Select Health PPO	$466.38	$466.38	$932.76	$126.25	$126.25	$592.63	$0.00
High Deductible Health Plan (HDHP)	$423.24	$423.24	$846.48	$63.70	$63.70	$486.96	$0.00

Retiree Medicare Advantage PPO Medical + Dental Plan and Lumen Part D Prescription Drug Plan (MA+PDP)

Medicare eligible individuals have the option to elect the MA+PDP plan in lieu of electing the Lumen Medicare Health Reimbursement Account (HRA) - company contributions. Retiree's monthly premiums for this plan are:

Monthly premiums for the MA+PDP Plan	You Only	Spouse Only	You + Spouse	You + Spouse /DP+ 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	$190.80	$0.00	$196.50	$0.00	$196.50	$0.00	$190.20

Medicare Health Reimbursement Account (HRA) total Annual Company Subsidy

	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

- Confidential- Disclose and distribute only to Lumen Employees and authorized persons working for Lumen. Disclosure outside of Lumen is prohibited without authorization.

Retiree non-Medicare Dental Plan (total cost)

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren) Only
Dental	$43.13	$43.13	$86.26	$75.47	$75.47	$129.38	$32.34

Important note for the Dental Plan: If the Retiree is non-Medicare eligible, the Retiree must be enrolled for a Spouse, Domestic Partner (DP) and/or Child(ren) to be covered. If the Retiree suspends or waives, dependents will also be suspended or waived.

Premiums for Spouse only, Child only, and Spouse & Child(ren) are based on split-families where families have both Medicare eligible and non-Medicare eligible participants.

Retiree non-Medicare Dental Plan (your cost)

Points	Subsidy (To Cap)	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren) Only
65-69	20.0%	$35.93	$35.93	$71.86	$62.67	$62.67	$107.78	$26.74
70-74	30.0%	$32.33	$32.33	$64.66	$56.27	$56.27	$96.98	$23.94
75-79	40.0%	$28.73	$28.73	$57.46	$49.87	$49.87	$86.18	$21.14
80+	50.0%	$25.13	$25.13	$50.26	$43.47	$43.47	$75.38	$18.34

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COBRA premiums for former Active employees

Medical	Employee	EE+ Spouse	EE+ Child(ren)	EE+ Family	Spouse Only	Spouse + Child(ren)	Child(ren) Only
Surest Health PPO	$1,074.96	$2,257.41	$1,934.95	$3,117.39	$1,182.46	$2,042.43	$859.99
Surest Select Health PPO	$1,096.45	$2,302.56	$1,973.66	$3,179.75	$1,206.11	$2,083.30	$877.21
HDHP with Optional HSA	$1,064.21	$2,234.85	$1,915.61	$3,086.23	$1,170.64	$2,022.03	$851.40

Dental	Employee	EE+ Spouse	EE+ Child(ren)	EE+ Family	Spouse Only	Spouse + Child(ren)	Child(ren) Only
Dental Option 1	$34.14	$78.56	$85.38	$129.78	$44.42	$95.65	$51.24
Dental Option 2 (includes orthodontia)	$42.20	$97.12	$105.59	$160.48	$54.93	$118.28	$63.39

Vision	Employee	EE+ Spouse	EE+ Child(ren)	EE+ Family	Spouse Only	Spouse + Child(ren)	Child(ren) Only
Vision	$10.17	$21.33	$18.28	$29.46	$10.17	$18.28	$18.28

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COBRA Premiums for Retirees

Non-Medicare Medical Plans

	Retiree only	Spouse /DP only	Retiree & Spouse	Retiree & Chlid(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren) Only
Surest Health PPO	$1,466.35	$1,466.35	$2,932.70	$2,126.21	$2,126.21	$3,592.56	$659.86
Surest Select Health PPO	$1,495.71	$1,495.71	$2,991.42	$2,168.78	$2,168.78	$3,664.48	$673.07
High Deductible Health Plan (HDHP)	$1,451.70	$1,451.70	$2,903.41	$2,104.97	$2,104.97	$3,556.70	$653.29

Retiree Medicare Advantage PPO Medical + Dental Plan and Lumen Part D Prescription Drug Plan (MA+PDP)

	Per Covered Medicare Individual in the MA+PDP Plan
MA+PDP	$251.23

Non-Medicare Dental Plan

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren) Only
Dental	$43.99	$43.99	$87.99	$76.98	$76.98	$131.97	$32.99

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