

**2024 RETIREE MONTHLY RATES HEALTH INSURANCE PLANS
UNITED HEALTH CARE MEDICAL**

Tobacco Users

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|---------------------|-------------------------|------------|-------------------|
| Low HMO | Retiree Only | \$ 580.00 | \$ 630.00 |
| | Retiree + Child(ren) | \$ 936.00 | \$ 986.00 |
| | Retiree + Spouse/* (DP) | \$1,053.00 | \$1,103.00 |
| | Retiree + Full Family | \$1,323.00 | \$1,373.00 |
| High HMO | Retiree Only | \$ 670.00 | \$ 720.00 |
| | Retiree + Child(ren) | \$1,120.00 | \$1,170.00 |
| | Retiree + Spouse/* (DP) | \$1,240.00 | \$1,290.00 |
| | Retiree + Full Family | \$1,580.00 | \$1,630.00 |
| CDHP Medical | Retiree Only | \$ 470.00 | \$ 520.00 |
| | Retiree + Child(ren) | \$ 826.00 | \$ 876.00 |
| | Retiree + Spouse/* (DP) | \$ 908.00 | \$ 958.00 |
| | Retiree + Full Family | \$1,182.00 | \$1,232.00 |

*DP = Domestic Partner

2024 DENTAL INSURANCE PLANS Humana

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|--------------------------------|-------------------------|----------|
| PBCSD DHMO Enhanced | Retiree Only | \$ 15.12 |
| | Retiree + Child(ren) | \$ 32.13 |
| | Retiree + Spouse/* (DP) | \$ 26.46 |
| | Retiree + Full Family | \$ 41.58 |
| PBCSD DHMO Basic | Retiree Only | \$ 11.49 |
| | Retiree + Child(ren) | \$ 24.57 |
| | Retiree + Spouse/* (DP) | \$ 19.98 |
| | Retiree + Full Family | \$ 31.46 |
| Option High (PPO) | Retiree Only | \$ 33.56 |
| | Retiree + Child(ren) | \$ 92.28 |
| | Retiree + Spouse/* (DP) | \$ 82.23 |
| | Retiree + Full Family | \$124.18 |
| Option Low (PPO) | Retiree + Only | \$ 26.46 |
| | Retiree + Child(ren) | \$ 72.77 |
| | Retiree + Spouse/* (DP) | \$ 64.83 |
| | Retiree + Full Family | \$ 97.91 |

*DP = Domestic Partner

2024 VISION PLAN *EYE MED*

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|----------------|-----------------------|---------|
| Eye Med | Retiree Only | \$ 5.45 |
| | Retiree + Full Family | \$14.00 |