

2024 Health Benefit Selection

Effective: 1/1/2024

Rates for Active Employees, Retirees*, and COBRA** Participants

Rates are Per Month



MEDICAL- Active Employees

	<u>Kaiser HMO</u>	<u>United Healthcare HMO</u>	<u>United Healthcare PPO</u>
Employee Only	\$753.49	\$684.23	\$1,488.58
Employee + 1	\$1,506.97	\$1,368.43	\$2,977.14
Employee + 2 or more	\$2,132.37	\$1,936.35	\$4,212.66

MEDICAL- Retirees and Dependents (Under age 65)

	<u>Kaiser HMO</u>	<u>United Healthcare HMO</u>	<u>United Healthcare PPO (Except Idaho)</u>	<u>United Healthcare PPO (Idaho Only)</u>
Retiree Only	\$753.49	\$684.23	\$1,488.58	\$1,336.37
Retiree + 1	\$1,506.97	\$1,368.43	\$2,977.14	\$2,672.72
Retiree + 2 or more	\$2,132.37	\$1,936.35	\$4,212.66	\$3,781.92

MEDICAL- Retirees and Dependents (Over Age 65)-Combined with Medicare Part D***

Anthem Blue Cross – Medicare Advantage Prescription Drug (MAPD)
Local Preferred Provider Organization (LPPO)

	<u>LPPO</u>
Retiree Only	\$575.34
Retiree + 1	\$1,150.68 (\$575.34 per member)

Kaiser-Medicare Sr. Advantage

	<u>HMO</u>
Retiree Only	\$171.93
Retiree + 1	\$343.86 (\$171.93 per member)

DENTAL- MetLife

	Active Employees	Retirees (All)
Employee Only	\$54.89	\$54.89
Employee + 1	\$114.79	\$114.79
Employee + 2 or more	\$191.56	\$191.56

VISION- MetLife

	Active Employees	Retirees (All)
Employee & Dependent(s)	\$20.44	\$20.44

*Retiree payment is based on discount percentage determined at time of retirement.

**There is a 2% Administrative fee added to the COBRA invoice.

***Retirees must also be enrolled in Medicare Parts A and B to receive the Over Age 65 rates.