

Retiree Premium Calculation sheet
Plan year 10/1/24-9/30/25

Please use the below details to help you determine the cost of your benefits.

Monthly Cost

MEDICAL

No Medical Coverage

Monthly Premium

Base Option

- Individual Only \$ 727.00
- Individual/Spouse \$ 1,527.00
- Individual /Child(ren) \$ 1,308.00
- Individual/Family \$ 2,108.00

CDHP Option

- Individual Only \$ 662.00
- Individual/Spouse \$ 1,390.00
- Individual /Child(ren) \$ 1,192.00
- Individual/Family \$ 1,918.00

Medical Premium \$ _____
(carry over monthly premium amount)

DENTAL

No Dental Coverage

Monthly Premium

Delta Dental

- Individual Only \$ 39.17
- Individual/Spouse \$ 75.59
- Individual /Child(ren) \$ 87.48
- Individual/Family \$ 122.06

Dental Premium \$ _____
(carry over monthly premium amount)

VISION

No Vision Coverage

Monthly Premium

EyeMed Vision

- Individual Only \$ 7.92
- Individual/Spouse \$ 16.50
- Individual /Child(ren) \$ 15.52
- Individual/Family \$ 24.11

Vision Premium \$ _____
(carry over monthly premium amount)

Total Retiree Monthly Premium Cost \$
(add above 3 premiums)