

2024 UNDER 65 Retiree Medical Rates

Retiree rules, rates, structures and plans are subject to change at any time as deemed necessary by the city.

HDHP (HSA) - PRE-65 RATES

YOS	Ret Only	Sps Only	R+Sps	R+Child	R+Fam	Fam Only
	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly
0-9	\$1,081	\$1,297	\$2,378	\$2,162	\$3,459	\$2,378
10-14	\$649	\$778	\$1,427	\$1,297	\$2,075	\$1,427
15-19	\$486	\$584	\$1,070	\$973	\$1,557	\$1,070
20-24	\$324	\$389	\$713	\$649	\$1,038	\$713
25+	\$162	\$195	\$357	\$324	\$519	\$357

EPO - PRE-65 RATES

YOS	Ret Only	Sps Only	R+Sps	R+Child	R+Fam	Fam Only
	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly
0-9	\$1,183	\$1,419	\$2,602	\$2,366	\$3,785	\$2,602
10-14	\$769	\$922	\$1,691	\$1,538	\$2,460	\$1,691
15-19	\$592	\$710	\$1,301	\$1,183	\$1,893	\$1,301
20-24	\$414	\$497	\$911	\$828	\$1,325	\$911
25+	\$237	\$284	\$520	\$473	\$757	\$520

NOTE: In order for you to cover a dependent in retirement, you must have had the dependent covered for TWO YEARS on the city's plan PRIOR TO retirement. If not eligible for retirement insurance, you may cover the Dependent(s) through the COBRA benefits as allowed by law.

Monthly Dental Rates	PPO	
	EE ONLY	\$40.94
	EE+SPOUSE	\$80.88
	EE+CHILD(REN)	\$84.86
	EE+FAMILY	\$146.74
	HMO	
	EE ONLY	\$7.26
	EE+SPOUSE	\$13.78
	EE+CHILD(REN)	\$15.98
	EE+FAMILY	\$23.60

Monthly Vision Rates	Buy Up	
	EE ONLY	\$6.52
	EE+SPOUSE	\$13.10
	EE+CHILD(REN)	\$11.45
	EE+FAMILY	\$19.22
	Basic	
	EE ONLY	\$1.98
	EE+SPOUSE	\$3.94
	EE+CHILD(REN)	\$3.58
	EE+FAMILY	\$5.90