



Health Benefits Summary: **RETIRES** - Calendar Year 2024

Medical Insurance - CIGNA.												
	CIGNA Choice Fund HSA				Open Access In (OAPIN)				Open Access Plus (OAP)			
	Retiree (RET)	RET/Spouse	RET/Child	Family	Retiree (RET)	RET/Spouse	RET/Child	Family	Retiree (RET)	RET/Spouse	RET/Child	Family
Monthly Premium*	\$ 730	\$ 1,460	\$ 1,019	\$ 1,749	\$ 843	\$ 1,686	\$ 1,170	\$ 2,013	\$ 895	\$ 1,790	\$ 1,309	\$ 2,204
	*Cost retiree pays for dependent coverage				*Cost retiree pays for dependent coverage				*Cost retiree pays for dependent coverage			
Deductible	\$ 5,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 2,500	\$ 5,000	\$ 5,000	\$ 5,000	\$ 1,750	\$ 3,500	\$ 3,500	\$ 3,500
	<i>Services are applied against the deductible.</i>				<i>Non-copay costs are first applied against the deductible.</i>				<i>Non-copay costs are first applied against the deductible.</i>			
Co-insurance	100%	100%	100%	100%	50%	50%	50%	50%	70%	70%	70%	70%
	<i>After the deductible is met, non-copay costs are applied to co-insurance until the OOP Maximum is met.</i>				<i>After the deductible is met, non-copay costs are applied to co-insurance until the OOP Maximum is met.</i>				<i>After the deductible is met, non-copay costs are applied to co-insurance until the OOP Maximum is met.</i>			
OOP Maximum	\$ 5,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 4,750	\$ 9,500	\$ 9,500	\$ 9,500	\$ 3,500	\$ 7,000	\$ 7,000	\$ 7,000
	<i>OOP Maximum represents deductible + co-insurance + copay costs, but excludes monthly premiums.</i>				<i>OOP Maximum represents deductible + co-insurance + copay costs, but excludes monthly premiums.</i>				<i>OOP Maximum represents deductible + co-insurance + copay costs, but excludes monthly premiums.</i>			
Retiree Max Cost	\$ 13,760	\$ 27,520	\$ 22,228	\$ 30,988	\$ 14,866	\$ 29,732	\$ 23,540	\$ 33,656	\$ 14,240	\$ 28,480	\$ 22,708	\$ 33,448
	<i>Retiree maximum cost = OOP Maximum + monthly premiums.</i>				<i>Retiree maximum cost = OOP Maximum + monthly premiums.</i>				<i>Retiree maximum cost = OOP Maximum + monthly premiums.</i>			
Copays:	<i>Copays are applied directly against the OOP Maximum and are not applied against the deductible or co-insurance.</i>				<i>Copays are applied directly against the OOP Maximum and are not applied against the deductible or co-insurance.</i>				<i>Copays are applied directly against the OOP Maximum and are not applied against the deductible or co-insurance.</i>			
Primary/Specialist	\$0 after deductible				\$30/\$60	\$30/\$60	\$30/\$60	\$30/\$60	\$30/\$60	\$30/\$60	\$30/\$60	\$30/\$60
Urgent Care	\$0 after deductible				\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75
Emergency Room	\$0 after deductible				\$400 per visit	\$400 per visit	\$400 per visit	\$400 per visit	\$400 per visit	\$400 per visit	\$400 per visit	\$400 per visit
Preventive Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Chiro Copay	\$0 after deductible				\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60
Chiro # visits	26	26	26	26	26	26	26	26	26	26	26	26
Prescription Tiers	\$0 after deductible				\$20/\$50/\$90/\$200 after \$100/\$200 deductible				\$20/\$50/\$90/\$200 after \$100/\$200 deductible			
Mail Order Drugs	\$0 after deductible				\$50/\$125/\$225/\$500				\$50/\$125/\$225/\$500			
Dependent Age	Covered until their 26th birthday - to end of month				Covered until their 26th birthday - to end of month				Covered until their 26th birthday - to end of month			
	<i>All data shown above is based on IN NETWORK rates, NOT out of network rates which are much higher.</i>				<i>All data shown above is based on IN NETWORK rates, NOT out of network rates which are much higher.</i>				<i>All data shown above is based on IN NETWORK rates, NOT out of network rates which are much higher.</i>			
Dental Insurance - Delta Dental.												
	Retiree	Spouse	Child	Family								
Monthly Premium	\$36.00	\$72.00	\$91.00	\$122.00								
Max Coverage	\$ 1,500 per person per year											
Deductible	\$ 50	\$ 150	\$ 150	\$ 150								
Prevent/Diagnostic	100% per person (PPO network)											
Basic Services	90% per person (PPO network)											
Major Services	60% per person (PPO network)											
Orthodontia	50% per person (PPO network) (\$1,500 limit, age 19 limit)											
Dependent Age	Covered until 26th birthday - to end of month											
Vision Insurance - Vision Benefits of America.												
	Retiree	Retiree + 1	Family									
Monthly Premium	\$4.40	\$9.90	\$13.90	(Dependent is eligible until 26th birthday and covered through the day of their 26th birthday)								
Frequency of Service	Vision Exam	12 months										
	Lenses	12 months										
	Frames	24 months										

2024

Detail Rates Per Month - Retirees

CIGNA Choice Fund HSA Coverage	Per Month Cost			Cost Per Month	Cost Per Year
	EE only	SP/Ch/Fam	Total		
Employee (EE) Only	730.00	-	730.00	730.00	8,760.00
EE + Spouse	730.00	730.00	1,460.00	1,460.00	17,520.00
EE + Child(ren)	730.00	289.00	1,019.00	1,019.00	12,228.00
EE + Family	730.00	1,019.00	1,749.00	1,749.00	20,988.00

CIGNA OAPIN Coverage	Per Payroll Cost			Cost Per Month	Cost Per Year
	EE only	SP/Ch/Fam	Total		
Employee (EE) Only	843.00	-	843.00	843.00	10,116.00
EE + Spouse	843.00	843.00	1,686.00	1,686.00	20,232.00
EE + Child(ren)	843.00	327.00	1,170.00	1,170.00	14,040.00
EE + Family	843.00	1,170.00	2,013.00	2,013.00	24,156.00

CIGNA OAP Coverage	Per Payroll Cost			Cost Per Month	Cost Per Year
	EE only	SP/Ch/Fam	Total		
Employee (EE) Only	895.00	-	895.00	895.00	10,740.00
EE + Spouse	895.00	895.00	1,790.00	1,790.00	21,480.00
EE + Child(ren)	895.00	414.00	1,309.00	1,309.00	15,708.00
EE + Family	895.00	1,309.00	2,204.00	2,204.00	26,448.00

Delta Dental Coverage	Per Payroll Cost			Cost Per Month	Cost Per Year
	EE only	SP/Ch/Fam	Total		
Employee (EE) Only	36.00	-	36.00	36.00	432.00
EE + Spouse	36.00	36.00	72.00	72.00	864.00
EE + Child(ren)	36.00	55.00	91.00	91.00	1,092.00
EE + Family	36.00	86.00	122.00	122.00	1,464.00

Vision - VBA Coverage	Per Payroll Cost			Cost Per Month	Cost Per Year
	EE only	SP/Ch/Fam	Total		
Employee (EE) Only	4.40	-	4.40	4.40	52.80
EE + One	4.40	5.50	9.90	9.90	118.80
EE + Family	4.40	9.50	13.90	13.90	166.80

2023

Detail Rates Per Month - Retirees

CIGNA Choice Fund HSA Coverage	Per Month Cost			Cost Per Month	Cost Per Year
	EE only	SP/Ch/Fam	Total		
Employee (EE) Only	684.00	-	684.00	684.00	8,208.00
EE + Spouse	684.00	684.00	1,368.00	1,368.00	16,416.00
EE + Child(ren)	684.00	289.00	973.00	973.00	11,676.00
EE + Family	684.00	973.00	1,657.00	1,657.00	19,884.00

CIGNA OAPIN Coverage	Per Payroll Cost			Cost Per Month	Cost Per Year
	EE only	SP/Ch/Fam	Total		
Employee (EE) Only	797.00	-	797.00	797.00	9,564.00
EE + Spouse	797.00	797.00	1,594.00	1,594.00	19,128.00
EE + Child(ren)	797.00	327.00	1,124.00	1,124.00	13,488.00
EE + Family	797.00	1,124.00	1,921.00	1,921.00	23,052.00

CIGNA OAP Coverage	Per Payroll Cost			Cost Per Month	Cost Per Year
	EE only	SP/Ch/Fam	Total		
Employee (EE) Only	849.00	-	849.00	849.00	10,188.00
EE + Spouse	849.00	849.00	1,698.00	1,698.00	20,376.00
EE + Child(ren)	849.00	414.00	1,263.00	1,263.00	15,156.00
EE + Family	849.00	1,263.00	2,112.00	2,112.00	25,344.00

Delta Dental Coverage	Per Payroll Cost			Cost Per Month	Cost Per Year
	EE only	SP/Ch/Fam	Total		
Employee (EE) Only	36.00	-	36.00	36.00	432.00
EE + Spouse	36.00	36.00	72.00	72.00	864.00
EE + Child(ren)	36.00	55.00	91.00	91.00	1,092.00
EE + Family	36.00	86.00	122.00	122.00	1,464.00

Vision - VBA Coverage	Per Payroll Cost			Cost Per Month	Cost Per Year
	EE only	SP/Ch/Fam	Total		
Employee (EE) Only	4.40	-	4.40	4.40	52.80
EE + One	4.40	5.50	9.90	9.90	118.80
EE + Family	4.40	9.50	13.90	13.90	166.80