

## 2024 Retiree Health Coverage Monthly Contribution Rates

### Retiree Medical for Pre-65 Retiree and/or Pre-65 Spouse/Dependent of Retiree (including NY CBU)

Plan	Retiree Only	Retiree Plus One	Retiree Plus Family
Aetna HDHP	\$1,076.00	\$2,070.00	\$3,638.00
Aetna PPO	\$1,654.00	\$3,182.00	\$5,594.00
Aetna EPO – CA, GA, NJ, NY, D.C.	\$2,186.94	\$7,801.27	\$10,278.31
Emblem Health – HIP HMO	\$2,082.10	\$3,801.83	\$6,052.54
Kaiser Northern CA HMO	\$1,411.35	\$2,822.71	\$3,994.14
Kaiser Southern CA HMO	\$1,411.35	\$2,822.71	\$3,994.14

### Retiree Dental (except NY CBU retirees)

Plan	Retiree Only	Retiree Plus One	Retiree Plus Family
Guardian Dental	\$51.00	\$98.00	\$173.00

### NY CBU Retiree Dental

Plan	Retiree Only	Retiree Plus One	Retiree Plus Family
Guardian Dental	\$35.27	\$67.77	\$119.64

### Retiree Medical for Age 65 Plus Medicare-Eligible Retiree and/or Age 65 Plus Spouse of Retiree

Plan	Retiree or Spouse Only	Retiree Plus One	Retiree Plus Family
United Healthcare Medicare Advantage Plan (includes Rx)	\$230.37	N/A	N/A

## 2024 COBRA Continuation Coverage Monthly Rates

### COBRA Medical, Dental, Vision (including NY CBU)

Plan	Employee Only	Employee Plus One	Employee Plus Family
Aetna HDHP	\$621.18	\$1,194.42	\$2,100.18
Aetna PPO	\$1,066.92	\$2,052.24	\$3,607.74
Aetna EPO – CA, GA, NJ, NY, D.C.	\$1,471.20	\$5,248.08	\$6,914.43
Emblem Health – HIP HMO	\$1,383.29	\$2,525.84	\$4,012.16
Kaiser Northern CA HMO	\$981.74	\$1,963.48	\$2,778.33
Kaiser Southern CA HMO	\$981.74	\$1,963.48	\$2,778.33
Guardian Dental	\$52.02	\$99.96	\$176.46
Vision			
Base Plan	\$14.05	\$27.92	\$44.88
Buy-Up Plan	\$22.54	\$44.49	\$71.36

### COBRA Dental for NY CBU

Plan	Employee Only	Employee Plus One	Employee Plus Family
Guardian Dental	\$35.97	\$69.13	\$122.03