# Regular Retirees, Surviving Spouses, and LTD Participants January 1, 2024 - December 31, 2024



#### Monthly Premium

#### Basic Plan - High Deductible Health Plan (HDHP)

Retiree	\$ 797.69
Retiree/Child(ren)	\$ 1,538.98
Retiree/Spouse	\$ 1,741.93
Retiree/Family	\$ 2,567.67

#### Enhanced Plan - High Deductible Health Plan (HDHP)

Retiree	\$ 851.01
Retiree/Child(ren)	\$ 1,641.85
Retiree/Spouse	\$ 1,858.37
Retiree/Family	\$ 2,739.30

### Standard Plan

Retiree	\$ 889.96
Retiree/Child(ren)	\$ 1,716.99
Retiree/Spouse	\$ 1,943.45
Retiree/Family	\$ 2,864.69

## **Delta Dental**

Retiree	\$ 36.73
Retiree/Child(ren)	\$ 70.83
Retiree/Spouse	\$ 70.50
Retiree/Family	\$ 118.65