

Open Enrollment 2019 Retiree Rates

Health Monthly Premiums				
Coverage	Premier PPO	HMO IL	UnitedHealthcare Group Medicare Advantage (PPO)	UnitedHealthcare Medicare Supplement Plans
You under 65	\$ 768	\$538	Post-65 only. Cost is \$370.16 per person. Contact UHC to enroll at 1-877-714-0178	Post-65 only. Cost varies by plan. Contact UHC to enroll at 1- 877-791-9964
You + Spouse under 65	\$ 1,682	\$1,179		
You + Child(ren) under 65	\$ 1,431	\$1,016		
You + Spouse + Child(ren) under 65	\$ 2,526	\$1,774		
You over 65	\$ 722	\$732		
You + Spouse over 65	\$ 1,443	\$1,462		
You + Child(ren) over 65	\$ 1,586	\$1,675		
You + Spouse + Child(ren) over 65	\$ 2,310	\$2,408		
You over 65 + Spouse under 65	\$ 1,563	\$1,321		
You under 65 + Spouse over 65	\$ 1,563	\$1,321		
You over 65 + Spouse under 65 + Child(ren)	\$ 2,480	\$1,967		
You under 65 + Spouse over 65 + Child(ren)	\$ 2,480	\$1,967		

Dental Monthly Premiums				
Coverage	You Only	You + Spouse	You + Child(ren)	You + Spouse + Child(ren)
Dearborn National	\$46	\$100	\$113	\$160
Guardian/First Commonwealth	\$15	\$28	\$29	\$44

Vision Monthly Premiums				
Coverage	You Only	You + Spouse	You + Child(ren)	You + Spouse + Child(ren)
EyeMed	\$11	\$21	\$25	\$30