

Open Enrollment 2020 | Retiree Rates

Health Monthly Premiums			
Coverage	Retiree PPO (BCBSIL)	Retiree HMO (BCBSIL)	Group Medicare Advantage PPO (UnitedHealthcare)
You under 65	\$806	\$559	Post-65 only. Cost is \$392.37 per person. Contact UHC to enroll at 1-877-714-0178
You + Spouse under 65	\$1,766	\$1,224	
You + Child(ren) under 65	\$1,503	\$1,054	
You + Spouse + Child(ren) under 65	\$2,652	\$1,842	
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	\$1,617	\$1,344	
You under 65 + Spouse over 65	\$1,617	\$1,344	
You over 65 + Spouse under 65 + Child(ren)	\$2,594	\$2,014	
You under 65 + Spouse over 65 + Child(ren)	\$2,594	\$2,014	

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