2019 Retiree Benefits Rate Sheet



Your monthly costs

Expenses are illustrated on a monthly basis and are valid for the benefit year (April 1, 2019 to March 31, 2020). These amounts will be revised annually.

Retirees under age 65

Health	Option 1	Option 2	Option 3	Option 4
Single	\$177.06	\$154.07	\$107.09	\$21.58
Family	\$377.08	\$331.69	\$228.04	\$45.99

Travel	Travel	Dental*	Plan A	Plan B
Single	\$10.21	Single	\$28.34	\$33.13
Family	\$20.39	Family	\$64.12	\$74.95

* Plan A – basic services only Plan B – basic and major services

Optio	nal Life		Optio	nal
For retiree or spouse (per \$1,000 of coverage)				
Age			Single	
Under 35	\$0.056		Family	
35 – 39	\$0.066			
40 - 44	\$0.114]		
45 – 49	\$0.193	1	Basic De	реі
50 – 54	\$0.327		For spou	ISE
55 – 59	\$0.556		Flat r	ate
60 – 64	\$0.892			
For child				
Flat rate per child: \$1.19				
	For retired (per \$1,000 Age Under 35 35 - 39 40 - 44 45 - 49 50 - 54 55 - 59 60 - 64 For	Age Under 35 \$0.056 35 – 39 \$0.066 40 – 44 \$0.114 45 – 49 \$0.193 50 – 54 \$0.327 55 – 59 \$0.556 60 – 64 \$0.892	For retiree or spouse (per \$1,000 of coverage) Age Under 35 \$0.056 35 – 39 \$0.066 40 – 44 \$0.114 45 – 49 \$0.193 50 – 54 \$0.327 55 – 59 \$0.556 60 – 64 \$0.892 For child	For retiree or spouse (per \$1,000 of coverage) Age (per \$1,000 Under 35 \$0.056 35 - 39 \$0.066 40 - 44 \$0.114 45 - 49 \$0.193 50 - 54 \$0.327 55 - 59 \$0.556 60 - 64 \$0.892 For child

Optiona	I Accident		
For retiree and family (per \$1,000 of coverage)			
Single	\$0.0195		
Family	\$0.0360		

Basic Dependent Life	
For spouse and child	
Flat rate: \$0.97	

Retirees age 65 and over

Health	Option 1	Option 2	Option 3	Option 4
Single	\$161.08	\$125.45	\$88.67	\$21.58
Family	\$342.99	\$267.26	\$188.87	\$45.99

Travel	Travel	Dental*	Plan A	Plan B
Single	\$10.21	Single	\$28.34	\$33.13
Family	\$20.39	Family	\$64.12	\$74.95

* Plan A – basic services only Plan B – basic and major services

Basic Dependent Life	
For spouse and child	
Flat rate: \$0.97	