

Benefit Plan Monthly Rates
 Post 65 Retirees/Retirees Spouse/Survivors
 January 1, 2024 - December 31, 2024

	<u>Classic w/Medium Rx</u>			<u>Classic w/High Rx</u>		
	<u>Retiree</u>	<u>Retiree/Spouse</u>	<u>Survivor</u>	<u>Retiree</u>	<u>Retiree/Spouse</u>	<u>Survivor</u>
Retiree Contribution	\$0.00	\$0.00	\$100.00	\$77.91	\$155.82	\$177.91
Employer Contribution	\$100.00	\$200.00	\$0.00	\$100.00	\$200.00	\$0.00
Total	\$100.00	\$200.00	\$100.00	\$177.91	\$355.82	\$177.91

	<u>Preferred w/Base RX</u>			<u>Preferred w/Medium Rx</u>			<u>Preferred w/High Rx</u>		
	<u>Retiree</u>	<u>Retiree/Spouse</u>	<u>Survivor</u>	<u>Retiree</u>	<u>Retiree/Spouse</u>	<u>Survivor</u>	<u>Retiree</u>	<u>Retiree/Spouse</u>	<u>Survivor</u>
Retiree Contribution	\$61.81	\$123.62	\$161.81	\$71.91	\$143.82	\$171.91	\$149.85	\$299.70	\$249.85
Employer Contribution	\$100.00	\$200.00		\$100.00	\$200.00	\$0.00	\$100.00	\$200.00	\$0.00
Total	\$161.81	\$323.62	\$161.81	\$171.91	\$343.82	\$171.91	\$249.85	\$499.70	\$249.85

Dental Plans

	Individual	Retiree +1	Family
Dominion HMO	\$26.35	N/A	\$62.14
MetLife Low	\$26.58	\$50.36	\$75.81
MetLife Medium	\$35.75	\$67.80	\$102.06
MetLife High	\$43.85	\$83.15	\$125.17

EyeMed

	<u>Single</u>	<u>Retiree + Spouse</u>	<u>Retiree + Child(ren)</u>	<u>Family</u>
EyeMed	\$8.87	\$16.14	\$16.94	\$26.12