

Benefit Plan Monthly Rates

January 1, 2024 – December 31, 2024

Pre 65 Retirees/Pensioners/Survivors

Highmark Co-op 80				
	Single	Retiree +Spouse	Retiree +Child(ren)	Family
Retiree Contribution	\$0.00	\$648.96	\$420.81	\$1,519.37
Employer Contribution	\$845.03	\$845.03	\$845.03	\$845.03
Total Monthly Premium	\$845.03	\$1,493.99	\$1,265.84	\$2,364.40

Highmark Comp 80				
	Single	Retiree +Spouse	Retiree +Child(ren)	Family
Retiree Contribution	\$0.00	\$648.96	\$420.81	\$1,519.37
Employer Contribution	\$845.03	\$845.03	\$845.03	\$845.03
Total Monthly Premium	\$845.03	\$1,493.99	\$1,265.84	\$2,364.40

Highmark PPO				
	Single	Retiree +Spouse	Retiree +Child(ren)	Family
Retiree Contribution	\$298.86	\$1,183.08	\$870.80	\$2,357.85
Employer Contribution	\$845.03	\$845.03	\$845.03	\$845.03
Total Monthly Premium	\$1,143.89	\$2,028.11	\$1,715.83	\$3,202.88

Highmark EPO				
	Single	Retiree +Spouse	Retiree +Child(ren)	Family
Retiree Contribution	\$276.73	\$1,143.83	\$837.57	\$2,295.85
Employer Contribution	\$845.03	\$845.03	\$845.03	\$845.03
Total Monthly Premium	\$1,121.76	\$1,988.86	\$1,682.60	\$3,140.88

Aetna Select				
	Single	Retiree +Spouse	Retiree +Child(ren)	Family
Retiree Contribution	\$76.20	\$785.52	\$536.80	\$1,734.39
Employer Contribution	\$845.03	\$845.03	\$845.03	\$845.03
Total Monthly Premium	\$921.23	\$1,630.55	\$1,381.83	\$2,579.42

Dental Plans				
	Retiree	Retiree + One	Family	
MetLife Low	\$26.58	\$50.36	\$75.81	
MetLife Medium	\$35.75	\$67.80	\$102.06	
MetLife High	\$43.85	\$83.15	\$125.17	
Dominion Select DHMO Plan	Retiree \$26.35	Retiree + One N/A	Family \$62.14	

EyeMed				
	Single	Retiree + Spouse	Retiree + Child(ren)	Family
Retiree Contribution	\$8.43	\$15.34	\$16.10	\$24.82