

NMRHCA Pre-55 Retirement Age Medical Plan Monthly Premium Contributions for July 1, 2024 – December 31, 2024
 (Applicable for members who retired before age 55 and retirement date is July 31, 2021 or after)

NON-MEDICARE PLANS	Retiree Rate	Spouse Rate	Child Rate	Rate Calculation Instructions	
Premier PPO (BCBS or Presbyterian)	\$941.98	\$1,005.69	\$329.16	1. Select a medical plan for the retiree; enter rate from Retiree Rate column	
Value Plan (BCBS or Presbyterian)	\$735.82	\$ 785.54	\$256.68		+
MEDICARE PLANS (Not Applicable)	Retiree Rate	Spouse Rate	Child Rate	2. If you are enrolling your spouse or domestic partner, select a medical plan for him/her; enter Spouse Rate	
BCBS Medicare Supplemental Plan	N/A	N/A	N/A		
BCBS Medicare Advantage I	N/A	N/A	N/A		
Humana Medicare Advantage I	N/A	N/A	N/A		+
Humana Medicare Advantage II	N/A	N/A	N/A		
Presbyterian Medicare Advantage II	N/A	N/A	N/A		3. If you are enrolling children, enter rate from Child Rate column multiplied by number of children.
Presbyterian Medicare Advantage II	N/A	N/A	N/A		
UnitedHealthcare Medicare Advantage I	N/A	N/A	N/A		
UnitedHealthcare Medicare Advantage II	N/A	N/A	N/A		
				4. TOTAL #1, #2, and #3	\$

DENTAL PLAN Monthly Premium*: January 1, 2024 – December 31, 2024

	SINGLE	TWO-PARTY	FAMILY
Delta Dental Basic	\$19.62	\$37.27 for both	\$ 55.91 for all
Delta Dental Comprehensive	\$40.03	\$76.06 for both	\$114.05 for all

VISION PLAN Monthly Premium*: Effective July 1, 2020 – June 30, 2024

Davis Vision	\$ 4.62	\$ 8.71 for both	\$12.83 for all
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DEPENDENT CHILD LIFE Monthly Premium*: Effective July 1, 2019 – June 30, 2027

The Standard Insurance	\$2,500 - \$4.13 for all	\$5,000 - \$7.75 for all	\$10,000 - \$15.00 for all
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RETIREE/SPOUSE SUPPLEMENTAL LIFE Monthly Premium*: Effective September 1, 2023 – June 30, 2027

The Standard	\$2,000	\$4,000	\$6,000	\$8,000	\$10,000	\$15,000**	\$20,000**	\$40,000**	\$46,000**	\$60,000**
Age 35-39	\$ 0.70	\$ 0.90	\$ 1.09	\$ 1.29	\$ 1.49	\$ 1.99	\$ 2.48	\$ 4.46	\$ 5.05	\$ 6.44
Age 40-44	\$ 0.82	\$ 1.14	\$ 1.45	\$ 1.77	\$ 2.09	\$ 2.89	\$ 3.68	\$ 6.86	\$ 7.81	\$ 10.04
Age 45-49	\$ 1.03	\$ 1.57	\$ 2.10	\$ 2.64	\$ 3.17	\$ 4.51	\$ 5.84	\$ 11.18	\$ 12.78	\$ 16.52
Age 50-54	\$ 1.43	\$ 2.36	\$ 3.29	\$ 4.22	\$ 5.15	\$ 7.48	\$ 9.80	\$ 19.10	\$ 21.89	\$ 28.40
Age 55-59	\$ 2.04	\$ 3.58	\$ 5.13	\$ 6.67	\$ 8.21	\$ 12.07	\$ 15.92	\$ 31.34	\$ 35.97	\$ 46.76
Age 60-64	\$ 2.38	\$ 4.26	\$ 6.14	\$ 8.02	\$ 9.90	\$ 14.60	\$ 19.30	\$ 38.10	\$ 43.74	\$ 56.90
Age 65-69	\$ 4.36	\$ 8.21	\$ 12.07	\$ 15.92	\$ 19.78	\$ 29.42	\$ 39.06	\$ 77.62	\$ 89.19	\$ 116.18
Age 70 and over	\$ 6.41	\$ 12.32	\$ 18.24	\$ 24.15	\$ 30.06	\$ 44.84	\$ 59.62	\$ 118.74	\$ 136.48	\$ 177.86

* NOTE: This is optional coverage, and the entire cost is paid by you. Cost of insurance for all coverage's paid by you may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to this coverage are governed by the Certificate. The life plan rates include a \$.50 administration fee.

**Evidence of Insurability Statement required to add or increase life insurance. The Change for Additional Life Insurance form can be found at <http://www.nmrhca.org/forms.aspx/>.

Revised: May 2024