## NMRHCA Pre-55 Retirement Age Medical Plan Monthly Premium Contributions for January 1, 2025 – December 31, 2025 (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)	\$960.82	\$1,025.80	\$339.03	Select a medical plan for the retiree; enter rate		
Value Plan (BCBS or Presbyterian)	\$750.54	\$ 801.25	\$264.38	from Retiree Rate column		
MEDICARE PLANS (Not Applicable)	Retiree Rate	Spouse Rate	Child Rate	]	+	
BCBS Medicare Supplemental Plan	N/A	N/A	N/A	2. If you are enrolling your spouse or domestic partner,		
BCBS Medicare Advantage HMO	N/A	N/A	N/A	select a medical plan for him/her; enter Spouse Rate		
BCBS Medicare Advantage PPO	N/A	N/A	N/A	]	+	
Humana Medicare Advantage PPO	N/A	N/A	N/A	3. If you are enrolling children, enter rate from Child		
Presbyterian Medicare Advantage PPO	N/A	N/A	N/A	Rate column multiplied by number of children.		
United Healthcare Medicare Advantage PPO	N/A	N/A	N/A	7	=	
				4. TOTAL #1, #2, and #3	\$	

DENTAL PLAN Monthly Premium*: January 1, 2025 – December 31, 2025							
	SINGLE	TWO-PARTY	FAMILY				
BCBS Dental <b>Basic</b>	\$19.98	\$37.95 for both	\$ 56.93 for all				
BCBS Dental Comprehensive	\$38.46	\$73.07 for both	\$109.56 for all				
Delta Dental <b>Basic</b>	\$24.04	\$45.68 for both	\$ 68.51 for all				
Delta Dental <b>Comprehensive</b>	\$43.70	\$83.05 for both	\$124.57 for all				
VISION PLAN Monthly Premium*: Effective January 1, 2025 - June 30, 2028							

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Davis Vision	\$ 4.91	\$ 9.24 for both	\$13.61 for all			

DEPENDENT CHILD LIFE Monthly Premium\*: Effective July 1, 2019 – June 30, 2027

The Standard Insurance		\$2,500 - <b>\$4.13 for all</b>		\$5,000 - <b>\$7.75 for all</b>		\$10,000 - <b>\$15.00</b> for all				
	RETIREE/	SPOUSE SUPI	PLEMENTAL L	IFE Monthly Pr	emium*: Ef	fective Septe	mber 1, 2023	– June 30, 202	27	
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

<sup>\*</sup> 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.

<sup>\*\*</sup>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/.