Premium Calculation sheet
Plan year 10/1/23-9/30/24

Monthly Cost

MEDICAL

☐ No Medical Coverage

Base Option

☐ Individual Only	$	681.00
☐ Individual/Spouse	$	1,431.00
☐ Individual /Child(ren)	$	1,226.00
☐ Individual/Family	$	1,976.00

CDHP Option

☐ Individual Only	$	620.00
☐ Individual/Spouse	$	1,303.00
☐ Individual /Child(ren)	$	1,117.00
☐ Individual/Family	$	1,798.00

Medical Premium _____

DENTAL

☐ No Dental Coverage

Delta Dental

☐ Individual Only	$	38.40
☐ Individual/Spouse	$	74.11
☐ Individual /Child(ren)	$	85.77
☐ Individual/Family	$	119.67

Dental Premium _____

VISION

☐ No Vision Coverage

☐ Individual Only	$	7.92
☐ Individual/Spouse	$	16.50
☐ Individual /Child(ren)	$	15.52
☐ Individual/Family	$	24.11

Vision Premium _____

Total Retiree Monthly Premium ☐