

2024 RETIREE MONTHLY HEALTH DENTAL RATES

| Medicare-Eligible | Total Premium | Iowa Group MedicareBlue Rx Premium | Total Retiree Contribution | | |
|---|-----------------------|---|-----------------------------------|---|-----------------------------------|
| HEALTH | | | | | |
| Iowa Choice | | | | | |
| Single, Enrolled in Group MedicareBlue Rx | \$469.00 | \$105.50 | \$574.50 | | |
| Single, NOT enrolled in Group MedicareBlue Rx | \$973.00 | \$0.00 | \$973.00 | | |
| Family, One Spouse enrolled in Group MedicareBlue Rx | \$1,189.00 | \$105.50 | \$1,294.50 | | |
| Family, Both Spouses enrolled in Group MedicareBlue Rx | \$1,189.00 | \$211.00 | \$1,400.00 | | |
| NOT enrolled in Group MedicareBlue Rx | \$2,065.00 | \$0.00 | \$2,065.00 | | |
| National Choice | | | | | |
| Single, Enrolled in Group MedicareBlue Rx | \$515.00 | \$105.50 | \$620.50 | | |
| Single, NOT enrolled in Group MedicareBlue Rx | \$1,071.00 | \$0.00 | \$1,071.00 | | |
| Family, One Spouse enrolled in Group MedicareBlue Rx | \$1,305.00 | \$105.50 | \$1,410.50 | | |
| Family, Both Spouses enrolled in Group MedicareBlue Rx | \$1,305.00 | \$211.00 | \$1,516.00 | | |
| NOT enrolled in Group MedicareBlue Rx | \$2,272.00 | \$0.00 | \$2,272.00 | | |
| SLIP with Medicare-eligible Spouse | Total Premium | SLIP Contribution | SLIP Retiree Contribution | Iowa Group MedicareBlue Rx Premium | Total Retiree Contribution |
| HEALTH | | | | | |
| Iowa Choice-Family | | | | | |
| Spouse Enrolled in MedicareBlue Rx | \$1,189.00 | \$1,189.00 | | \$105.50 | \$105.50 |
| Spouse, NOT enrolled in Group MedicareBlue Rx | \$2,065.00 | \$1,854.00 | \$211.00 | | \$211.00 |
| National Choice - Family | | | | | |
| Spouse Enrolled in MedicareBlue Rx | \$1,305.00 | \$1,305.00 | | \$105.50 | \$105.50 |
| Spouse NOT enrolled in Group MedicareBlue Rx | \$2,272.00 | \$1,854.00 | \$418.00 | | \$418.00 |
| Group F & N | Total Premiums | Iowa Group MedicareBlue Rx Premium | Total Retiree Contribution | | |
| Group Program F with Group MedicareBlue Rx * | \$297.10 | \$105.50 | \$402.60 | | |
| Group Program F without Group MedicareBlue Rx | \$297.10 | -- | \$297.10 | | |
| | | | | | |
| Group Program N with Group MedicareBlue Rx * | \$195.70 | \$105.50 | \$301.20 | | |
| Group Program N without Group MedicareBlue Rx | \$195.70 | -- | \$195.70 | | |
| <i>*Optional – the retiree could elect an individual Medicare Part D plan</i> | | | | | |

2024 RETIREE MONTHLY HEALTH DENTAL RATES

| SLIP | Total | SLIP Contribution | SLIP Retiree Share | | |
|--|-----------------------------------|--------------------------|---------------------------|--|--|
| Iowa Choice | | | | | |
| Single before Medicare | \$879.00 | \$818.00 | \$61.00 | | |
| Family before Medicare | \$2,059.00 | \$1,854.00 | \$205.00 | | |
| Family with Group MedicareBlue Rx - Iowa | \$1,189.00 | \$1,189.00 | \$0.00 | | |
| Family without Group MedicareBlue Rx - Iowa | \$2,065.00 | \$1,854.00 | \$211.00 | | |
| | | | | | |
| National Choice | | | | | |
| Single before Medicare | \$966.00 | \$818.00 | \$148.00 | | |
| Family before Medicare | \$2,261.00 | \$1,854.00 | \$407.00 | | |
| Family with Group MedicareBlue Rx - Iowa | \$1,305.00 | \$1,305.00 | \$0.00 | | |
| Family without Group MedicareBlue Rx - Iowa | \$2,272.00 | \$1,854.00 | \$418.00 | | |
| <i>NOTE: Group MedicareBlue Rx - Iowa premium is an additional \$105.50 per month per Medicare-eligible person</i> | | | | | |
| | | | | | |
| | | | | | |
| Delta Dental | Total Retiree Contribution | | | | |
| Single | \$36.00 | | | | |
| Family | \$92.00 | | | | |