2027 RETIREE MONTHLY HEALTH AND DENTAL RATES

Medicare-Eligible	Total Premium	MedicareBlue Rx for Iowa Premium	Total Retiree Contribution		
HEALTH					
Iowa Choice					
Single, Enrolled in MedicareBlue Rx	$538.00	$112.00	$650.00		
Single, NOT enrolled in MedicareBlue Rx	$1,120.00	$0.00	$1,120.00		
Family, One Spouse enrolled in MedicareBlue Rx	$1,364.00	$112.00	$1,476.00		
Family, Both Spouses enrolled in MedicareBlue Rx	$1,364.00	$224.00	$1,588.00		
NOT enrolled in MedicareBlue Rx	$2,375.00	$0.00	$2,375.00		
National Choice					
Single, Enrolled in MedicareBlue Rx	$592.00	$112.00	$704.00		
Single, NOT enrolled in MedicareBlue Rx	$1,234.00	$0.00	$1,234.00		
Family, One Spouse enrolled in MedicareBlue Rx	$1,498.00	$112.00	$1,610.00		
Family, Both Spouses enrolled in MedicareBlue Rx	$1,498.00	$224.00	$1,722.00		
NOT enrolled in MedicareBlue Rx	$2,614.00	$0.00	$2,614.00		
SLIP with Medicare-eligible Spouse	**Total Premium**	**SLIP Contribution**	**SLIP Retiree Contribution**	**MedicareBlue Rx for Iowa Premium**	**Total Retiree Contribution**
HEALTH					
Iowa Choice-Family					
Spouse Enrolled in MedicareBlue Rx	$1,364.00	$1,364.00	$0.00	$112.00	$112.00
Spouse, NOT enrolled in MedicareBlue Rx	$2,375.00	$2,131.00	$244.00	$0.00	$244.00
National Choice - Family					
Spouse Enrolled in MedicareBlue Rx	$1,498.00	$1,498.00	$0.00	$112.00	$112.00
Spouse NOT enrolled in MedicareBlue Rx	$2,614.00	$2,131.00	$483.00	$0.00	$438.00
Group F & N	**Total Premiums**	**MedicareBlue Rx for Iowa Premium**	**Total Retiree Contribution**		
Group Program F with Group MedicareBlue Rx *	$355.60	$112.00	**$467.60**		
Group Program F without Group MedicareBlue Rx	$355.60	--	**$355.60**		

2027 RETIREE MONTHLY HEALTH AND DENTAL RATES

Group Program N with Group MedicareBlue Rx *	$234.30	$112.00	**$346.30**		
Group Program N without Group MedicareBlue Rx	$234.30	--	**$234.30**		
*Optional – the retiree could elect an individual Medicare Part D plan					
SLIP	**Total**	**SLIP Contribtion**	**SLIP Retiree Share**		
Iowa Choice					
Single before Medicare	$1,012.00	$941.00	$71.00		
Family before Medicare	$2,368.00	$2,131.00	$237.00		
Family with Group MedicareBlue Rx - Iowa	$1,364.00	$1,364.00	$0.00		
Family without Group MedicareBlue Rx - Iowa	$2,375.00	$2,131.00	$244.00		
National Choice					
Single before Medicare	$1,112.00	$941.00	$171.00		
Family before Medicare	$2,601.00	$2,131.00	$470.00		
Family with Group MedicareBlue Rx - Iowa	$1,498.00	$1,498.00	$0.00		
Family without Group MedicareBlue Rx - Iowa	$2,614.00	$2,131.00	$483.00		
NOTE: Group MedicareBlue Rx - Iowa premium is an additional $112.00 per month per Medicare-eligible person					
Delta Dental	**Total Retiree Contribution**				
Single	$39.00				
Family	$99.00				