

**Pre-65 Retiree Rates**  
**Effective: September 1, 2024-August 31, 2025**

**MEDICAL COVERAGE**

Coverage Tier	Monthly Premium \$2,500 Plan	Monthly \$3,800 Plan
Employee Only	\$781.32	\$781.32
Employee + Spouse	\$1,640.81	\$1,640.81
Employee + Child(ren)	\$1,417.12	\$1,417.12
Family	\$2,159.97	\$2,159.97

**DENTAL COVERAGE**

Coverage Tier	Monthly Premium
Employee Only	\$45.78
Employee + Spouse	\$96.13
Employee + Child(ren)	\$84.66
Family	\$129.12