

## CONFIDENTIAL - RETIREE Insurance Costs

July 1, 2024 through June 30, 2025

### July 1, 2024 through September 30, 2024

	Plan 1A	Plan 7C	Plan 9D	Plan 10C	Wellness	HDHP2	Bronze
Medical	3,244.00	2,594.00	2,018.00	1,855.00	2,678.00	1,529.00	1,412.00
Dental	118.32	118.32	118.32	118.32	118.32	118.32	118.32
Vision	27.49	27.49	27.49	27.49	27.49	27.49	27.49
Total Insurance Cost	3,389.81	2,739.81	2,163.81	2,000.81	2,823.81	1,674.81	1,557.81
District CAP	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)
<b>Retiree Portion</b>	<b>2,181.48</b>	<b>1,531.48</b>	<b>955.48</b>	<b>792.48</b>	<b>1,615.48</b>	<b>466.48</b>	<b>349.48</b>

### October 1, 2024 through June 30, 2025

	Plan 1A	Plan 7C	Plan 9D	Plan 10C	Wellness	HDHP2	Bronze
Medical	3,394.00	2,714.00	2,111.00	1,941.00	2,803.00	1,587.00	1,454.00
Dental	118.32	118.32	118.32	118.32	118.32	118.32	118.32
Vision	27.49	27.49	27.49	27.49	27.49	27.49	27.49
Total Insurance Cost	3,539.81	2,859.81	2,256.81	2,086.81	2,948.81	1,732.81	1,599.81
District CAP	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)
<b>Retiree Portion</b>	<b>2,331.48</b>	<b>1,651.48</b>	<b>1,048.48</b>	<b>878.48</b>	<b>1,740.48</b>	<b>524.48</b>	<b>391.48</b>

### Annual Cost of Insurance (Based on a full 12 months of Coverage)

	Plan 1A	Plan 7C	Plan 9D	Plan 10C	Wellness	HDHP2	Bronze
Medical	40,278.00	32,208.00	25,053.00	23,034.00	33,261.00	18,870.00	17,322.00
Dental	1,419.84	1,419.84	1,419.84	1,419.84	1,419.84	1,419.84	1,419.84
Vision	329.88	329.88	329.88	329.88	329.88	329.88	329.88
Total Plan	42,027.72	33,957.72	26,802.72	24,783.72	35,010.72	20,619.72	19,071.72
Annual CAP	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)
<b>Annual Retiree Total</b>	<b>27,527.72</b>	<b>19,457.72</b>	<b>12,302.72</b>	<b>10,283.72</b>	<b>20,510.72</b>	<b>6,119.72</b>	<b>4,571.72</b>

### Confidential Retiree Insurance - w/Spouse on Medicare A&B

#### July 1, 2024 through September 30, 2024

	Plan 1A	Plan 7C	Plan 9D	Plan 10C	Wellness	HDHP2	Bronze
Medical	2,124.00	1,715.00	1,328.00	1,280.00		Not Available	
Dental	118.32	118.32	118.32	118.32			
Vision	27.49	27.49	27.49	27.49			
Total Insurance Cost	2,269.81	1,860.81	1,473.81	1,425.81			
District CAP	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)			
<b>Retiree Portion</b>	<b>1,061.48</b>	<b>652.48</b>	<b>265.48</b>	<b>217.48</b>			

#### October 1, 2024 through June 30, 2025

	Plan 1A	Plan 7C	Plan 9D	Plan 10C	Wellness	HDHP2	Bronze
Medical	2,238.00	1,807.00	1,399.00	1,350.00		Not Available	
Dental	118.32	118.32	118.32	118.32			
Vision	27.49	27.49	27.49	27.49			
Total Insurance Cost	2,383.81	1,952.81	1,544.81	1,495.81			
District CAP	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)			
<b>Retiree Portion</b>	<b>1,175.48</b>	<b>744.48</b>	<b>336.48</b>	<b>287.48</b>			

### Annual Cost of Insurance (Based on a full 12 months of Coverage)

	Plan 1A	Plan 7C	Plan 9D	Plan 10C
Medical	26,514.00	21,408.00	16,575.00	15,990.00
Dental	1,419.84	1,419.84	1,419.84	1,419.84
Vision	329.88	329.88	329.88	329.88
Total Plan	28,263.72	23,157.72	18,324.72	17,739.72
Annual CAP	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)
<b>Annual Retiree Total</b>	<b>13,763.72</b>	<b>8,657.72</b>	<b>3,824.72</b>	<b>3,239.72</b>