## **2025 RETIREE INSURANCE MONTHLY HEALTH RATES**

HEALTH (Medical & Pharmacy)	None on Medicare	One on Medicare	Two on Medicare	
UHC HDHP OON (In / Out of Network)				
Retiree	728.42	567.26		
Retiree + SP/DP	1,566.71	1,405.10	1,163.36	
Retiree + CH	1,339.71	1,178.44		
Retiree + CH with Over Age Dep*	1,383.04	1,221.77		
Retiree + Family	2,290.18	2,128.99	1,967.83	
Retiree + Fam with Over Age Dep*	2,333.51	2,172.32	2,011.16	
UHC CDH (In Network)				
Retiree	1,183.52	869.19		
Retiree + SP/DP	2,545.54	2,057.13	1,806.57	
Retiree + CH	2,176.58	1,735.61		
Retiree + CH with Over Age Dep*	2,219.91	1,778.94		
Retiree + Family	3,720.72	3,083.07	2,909.85	
Retiree + Fam with Over Age Dep*	3,764.05	3,126.40	2,953.18	

<sup>\*</sup>Listed rates include a \$43.33 monthly surcharge

	DEN'	HUMANA		
TIER OF COVERAGE	HUMANA DHMO	UHC DPPO	VISION	
Retiree	11.74	35.66	8.91	
Retiree + Spouse/DP	21.10	70.79	17.85	
Retiree + Child(ren)	23.49	83.03	16.92	
Family	28.17	118.15	26.61	

If you wish to make changes or stop your coverage, contact Benefits Outsource Inc.

Email: <u>benefits@boibenefits.com</u>
Tel: 954-680-7626 | Fax: 954-680-7630
5599 S University Drive, Suite 201, Davie, FL 33328