

NMRHCA Medical Plan Monthly Premium Contributions for January 1, 2021 - December 31, 2021 (applicable if retirement date is after June 30, 2001)

Years of Service	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20+
NON-MEDICARE MEDICAL																
Premier PPO (BCBS or Presbyterian)																
Retiree Rate	\$781.24	\$748.69	\$716.13	\$683.58	\$651.03	\$618.48	\$585.93	\$553.38	\$520.82	\$488.27	\$455.72	\$423.17	\$390.62	\$358.06	\$325.51	\$292.96
Spouse Rate	\$849.28	\$829.73	\$810.18	\$790.64	\$771.09	\$751.54	\$731.99	\$712.44	\$692.89	\$673.34	\$653.79	\$634.25	\$614.70	\$595.15	\$575.60	\$556.05
Child Rate	\$284.37	\$284.37	\$284.37	\$284.37	\$284.37	\$284.37	\$284.37	\$284.37	\$284.37	\$284.37	\$284.37	\$284.37	\$284.37	\$284.37	\$284.37	\$284.37
Value HMO (BCBS or Presbyterian)																
Retiree Rate	\$610.26	\$584.84	\$559.41	\$533.98	\$508.55	\$483.13	\$457.70	\$432.27	\$406.84	\$381.42	\$355.99	\$330.56	\$305.13	\$279.71	\$254.28	\$228.85
Spouse Rate	\$663.37	\$648.10	\$632.83	\$617.56	\$602.29	\$587.02	\$571.75	\$556.49	\$541.22	\$525.95	\$510.68	\$495.41	\$480.14	\$464.87	\$449.60	\$434.33
Child Rate	\$221.75	\$221.75	\$221.75	\$221.75	\$221.75	\$221.75	\$221.75	\$221.75	\$221.75	\$221.75	\$221.75	\$221.75	\$221.75	\$221.75	\$221.75	\$221.75
MEDICARE MEDICAL																
BCBS Medicare Supplemental Plan																
Retiree Rate	\$439.81	\$425.63	\$411.44	\$397.25	\$383.06	\$368.88	\$354.69	\$340.50	\$326.31	\$312.13	\$297.94	\$283.75	\$269.56	\$255.38	\$241.19	\$227.00
Spouse Rate	\$446.91	\$439.81	\$432.72	\$425.63	\$418.53	\$411.44	\$404.34	\$397.25	\$390.16	\$383.06	\$375.97	\$368.88	\$361.78	\$354.69	\$347.59	\$340.50
Child Rate	\$454.00	\$454.00	\$454.00	\$454.00	\$454.00	\$454.00	\$454.00	\$454.00	\$454.00	\$454.00	\$454.00	\$454.00	\$454.00	\$454.00	\$454.00	\$454.00
BCBS Medicare Advantage I																
Retiree Rate	\$58.13	\$56.25	\$54.38	\$52.50	\$50.63	\$48.75	\$46.88	\$45.00	\$43.13	\$41.25	\$39.38	\$37.50	\$35.63	\$33.75	\$31.88	\$30.00
Spouse Rate	\$59.06	\$58.13	\$57.19	\$56.25	\$55.31	\$54.38	\$53.44	\$52.50	\$51.56	\$50.63	\$49.69	\$48.75	\$47.81	\$46.88	\$45.94	\$45.00
Child Rate	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00
BCBS Medicare Advantage II																
Retiree Rate	\$4.84	\$4.69	\$4.53	\$4.38	\$4.22	\$4.06	\$3.91	\$3.75	\$3.59	\$3.44	\$3.28	\$3.13	\$2.97	\$2.81	\$2.66	\$2.50
Spouse Rate	\$4.92	\$4.84	\$4.77	\$4.69	\$4.61	\$4.53	\$4.45	\$4.38	\$4.30	\$4.22	\$4.14	\$4.06	\$3.98	\$3.91	\$3.83	\$3.75
Child Rate	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
Humana Medicare Advantage I																
Retiree Rate	\$82.29	\$79.63	\$76.98	\$74.32	\$71.67	\$69.01	\$66.36	\$63.71	\$61.05	\$58.40	\$55.74	\$53.09	\$50.43	\$47.78	\$45.12	\$42.47
Spouse Rate	\$83.61	\$82.29	\$80.96	\$79.63	\$78.30	\$76.98	\$75.65	\$74.32	\$72.99	\$71.67	\$70.34	\$69.01	\$67.68	\$66.36	\$65.03	\$63.70
Child Rate	\$84.94	\$84.94	\$84.94	\$84.94	\$84.94	\$84.94	\$84.94	\$84.94	\$84.94	\$84.94	\$84.94	\$84.94	\$84.94	\$84.94	\$84.94	\$84.94
Humana Medicare Advantage II																
Retiree Rate	\$10.42	\$10.09	\$9.75	\$9.42	\$9.08	\$8.74	\$8.41	\$8.07	\$7.73	\$7.40	\$7.06	\$6.73	\$6.39	\$6.05	\$5.72	\$5.38
Spouse Rate	\$10.59	\$10.42	\$10.26	\$10.09	\$9.92	\$9.75	\$9.58	\$9.42	\$9.25	\$9.08	\$8.91	\$8.74	\$8.57	\$8.41	\$8.24	\$8.07
Child Rate	\$10.76	\$10.76	\$10.76	\$10.76	\$10.76	\$10.76	\$10.76	\$10.76	\$10.76	\$10.76	\$10.76	\$10.76	\$10.76	\$10.76	\$10.76	\$10.76
Presbyterian Medicare Advantage I																
Retiree Rate	\$109.47	\$105.94	\$102.41	\$98.88	\$95.34	\$91.81	\$88.28	\$84.75	\$81.22	\$77.69	\$74.16	\$70.63	\$67.09	\$63.56	\$60.03	\$56.50
Spouse Rate	\$111.23	\$109.47	\$107.70	\$105.94	\$104.17	\$102.41	\$100.64	\$98.88	\$97.11	\$95.34	\$93.58	\$91.81	\$90.05	\$88.28	\$86.52	\$84.75
Child Rate	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00
Presbyterian Medicare Advantage II																
Retiree Rate	\$85.25	\$82.50	\$79.75	\$77.00	\$74.25	\$71.50	\$68.75	\$66.00	\$63.25	\$60.50	\$57.75	\$55.00	\$52.25	\$49.50	\$46.75	\$44.00
Spouse Rate	\$86.63	\$85.25	\$83.88	\$82.50	\$81.13	\$79.75	\$78.38	\$77.00	\$75.63	\$74.25	\$72.88	\$71.50	\$70.13	\$68.75	\$67.38	\$66.00
Child Rate	\$88.00	\$88.00	\$88.00	\$88.00	\$88.00	\$88.00	\$88.00	\$88.00	\$88.00	\$88.00	\$88.00	\$88.00	\$88.00	\$88.00	\$88.00	\$88.00
UnitedHealthcare Medicare Advantage I																
Retiree Rate	\$72.66	\$70.31	\$67.97	\$65.63	\$63.28	\$60.94	\$58.59	\$56.25	\$53.91	\$51.56	\$49.22	\$46.88	\$44.53	\$42.19	\$39.84	\$37.50
Spouse Rate	\$73.83	\$72.66	\$71.48	\$70.31	\$69.14	\$67.97	\$66.80	\$65.63	\$64.45	\$63.28	\$62.11	\$60.94	\$59.77	\$58.59	\$57.42	\$56.25
Child Rate	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00
UnitedHealthcare Medicare Advantage II																
Retiree Rate	\$24.22	\$23.44	\$22.66	\$21.88	\$21.09	\$20.31	\$19.53	\$18.75	\$17.97	\$17.19	\$16.41	\$15.63	\$14.84	\$14.06	\$13.28	\$12.50
Spouse Rate	\$24.61	\$24.22	\$23.83	\$23.44	\$23.05	\$22.66	\$22.27	\$21.88	\$21.48	\$21.09	\$20.70	\$20.31	\$19.92	\$19.53	\$19.14	\$18.75
Child Rate	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00

Medical Plan Rate Calculation Instructions

1. Select a medical plan for the retiree; enter the rate from the **Retiree Rate** row that corresponds with your years of service. \$ _____ Retiree
2. If you are enrolling your spouse or domestic partner, select a medical plan for him/her; enter the rate from the **Spouse Rate** row that corresponds with your years of service (or, if your spouse/domestic partner is also an NMRHCA-eligible retiree, use the Retiree Rate that corresponds with your spouse's/domestic partner's years of service). + \$ _____ Spouse/ Domestic Partner
3. If you are also enrolling children, enter rate from **Child Rate** row multiplied by number of children.
 (# of Children: _____ x Child Rate: _____ = Total for Child(ren): _____) + \$ _____ Child(ren)
4. TOTAL #1, #2, and #3. = \$ _____ Total

Voluntary Coverage Premiums

DENTAL PLAN Monthly Premium*: Effective July 1, 2020 to December 31, 2021

	SINGLE	TWO-PARTY	FAMILY
Delta Dental Basic	\$18.14	\$34.46 for both	\$ 51.69 for all
Delta Dental Comprehensive	\$37.01	\$70.32 for both	\$105.44 for all

VISION PLAN Monthly Premium*: Effective July 1, 2020 to December 31, 2021

Davis Vision	\$ 4.62	\$ 8.71 for both	\$12.83 for all
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DEPENDENT CHILD LIFE Monthly Premium*: Effective July 1, 2019 to December 31, 2021

The Standard Insurance	\$2,500 - \$4.13 for all	\$5,000 - \$7.75 for all	\$10,000 - \$15.00 for all
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RETIREE/SPOUSE SUPPLEMENTAL LIFE Monthly Premium*: Effective July 1, 2019 to December 31, 2021

The Standard	\$2,000	\$4,000	\$6,000	\$8,000	\$10,000	\$15,000**	\$20,000**	\$40,000**	\$46,000**	\$60,000**
Age 35-39	\$ 0.69	\$ 0.88	\$ 1.06	\$ 1.25	\$ 1.44	\$ 1.91	\$ 2.38	\$ 4.26	\$ 4.82	\$ 6.14
Age 40-44	\$ 0.80	\$ 1.10	\$ 1.41	\$ 1.71	\$ 2.01	\$ 2.77	\$ 3.52	\$ 6.54	\$ 7.45	\$ 9.56
Age 45-49	\$ 1.01	\$ 1.52	\$ 2.02	\$ 2.53	\$ 3.04	\$ 4.31	\$ 5.58	\$ 10.66	\$ 12.18	\$ 15.74
Age 50-54	\$ 1.39	\$ 2.27	\$ 3.16	\$ 4.04	\$ 4.93	\$ 7.15	\$ 9.36	\$ 18.22	\$ 20.88	\$ 27.08
Age 55-59	\$ 1.97	\$ 3.44	\$ 4.90	\$ 6.37	\$ 7.84	\$11.51	\$15.18	\$ 29.86	\$ 34.26	\$ 44.54
Age 60-64	\$ 2.29	\$ 4.08	\$ 5.87	\$ 7.66	\$ 9.45	\$13.93	\$18.40	\$ 36.30	\$ 41.67	\$ 54.20
Age 65-69	\$ 4.17	\$ 7.84	\$11.52	\$15.19	\$18.86	\$28.04	\$37.22	\$ 73.94	\$ 84.96	\$110.66
Age 70 and over	\$ 6.13	\$11.76	\$17.39	\$23.02	\$28.65	\$42.73	\$56.80	\$113.10	\$129.99	\$169.40

*This is optional coverage, and the entire cost of coverage is paid by you. Cost of insurance for all coverages paid by you may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to this coverage are governed by the Certificate. The life plan rates include a \$.50 administration fee.

**Evidence of Insurability Statement required to add or increase life insurance. The Change for Additional Life Insurance form can be found at <http://www.nmrhca.org/forms.aspx/>.