

NMRHCA Subsidy Level B Medical Plan Monthly Premium Contributions for August 1, 2021 - December 31, 2021 (applicable if retirement date is July 31, 2021 or after)

Years of Service	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25+
NON-MEDICARE MEDICAL																					
Premier PPO (BCBS or Presbyterian)																					
Retiree Rate	\$788.99	\$764.19	\$739.39	\$714.58	\$689.78	\$664.98	\$640.18	\$615.38	\$590.58	\$565.78	\$540.97	\$516.17	\$491.37	\$466.57	\$441.77	\$416.97	\$392.17	\$367.36	\$342.56	\$317.76	\$292.96
Spouse Rate	\$853.94	\$839.04	\$824.15	\$809.25	\$794.36	\$779.46	\$764.57	\$749.68	\$734.78	\$719.89	\$704.99	\$690.10	\$675.20	\$660.31	\$645.42	\$630.52	\$615.63	\$600.73	\$585.84	\$570.94	\$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	\$284.37	\$284.37	\$284.37	\$284.37	\$284.37
Value HMO (BCBS or Presbyterian)																					
Retiree Rate	\$616.32	\$596.94	\$577.57	\$558.20	\$538.82	\$519.45	\$500.08	\$480.70	\$461.33	\$441.96	\$422.58	\$403.21	\$383.84	\$364.46	\$345.09	\$325.72	\$306.34	\$286.97	\$267.60	\$248.22	\$228.85
Spouse Rate	\$667.01	\$655.37	\$643.74	\$632.10	\$620.47	\$608.84	\$597.20	\$585.57	\$573.94	\$562.30	\$550.67	\$539.03	\$527.40	\$515.77	\$504.13	\$492.50	\$480.87	\$469.23	\$457.60	\$445.96	\$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	\$221.75	\$221.75	\$221.75	\$221.75	\$221.75
MEDICARE MEDICAL																					
BCBS Medicare Supplemental Plan																					
Retiree Rate	\$443.19	\$432.38	\$421.57	\$410.76	\$399.95	\$389.14	\$378.33	\$367.52	\$356.71	\$345.90	\$335.10	\$324.29	\$313.48	\$302.67	\$291.86	\$281.05	\$270.24	\$259.43	\$248.62	\$237.81	\$227.00
Spouse Rate	\$448.60	\$443.19	\$437.79	\$432.38	\$426.98	\$421.57	\$416.17	\$410.76	\$405.36	\$399.95	\$394.55	\$389.14	\$383.74	\$378.33	\$372.93	\$367.52	\$362.12	\$356.71	\$351.31	\$345.90	\$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	\$454.00	\$454.00	\$454.00	\$454.00	\$454.00
BCBS Medicare Advantage I																					
Retiree Rate	\$58.57	\$57.14	\$55.71	\$54.29	\$52.86	\$51.43	\$50.00	\$48.57	\$47.14	\$45.71	\$44.29	\$42.86	\$41.43	\$40.00	\$38.57	\$37.14	\$35.71	\$34.29	\$32.86	\$31.43	\$30.00
Spouse Rate	\$59.29	\$58.57	\$57.86	\$57.14	\$56.43	\$55.71	\$55.00	\$54.29	\$53.57	\$52.86	\$52.14	\$51.43	\$50.71	\$50.00	\$49.29	\$48.57	\$47.86	\$47.14	\$46.43	\$45.71	\$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	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00
BCBS Medicare Advantage II																					
Retiree Rate	\$4.88	\$4.76	\$4.64	\$4.52	\$4.40	\$4.29	\$4.17	\$4.05	\$3.93	\$3.81	\$3.69	\$3.57	\$3.45	\$3.33	\$3.21	\$3.10	\$2.98	\$2.86	\$2.74	\$2.62	\$2.50
Spouse Rate	\$4.94	\$4.88	\$4.82	\$4.76	\$4.70	\$4.64	\$4.58	\$4.52	\$4.46	\$4.40	\$4.35	\$4.29	\$4.23	\$4.17	\$4.11	\$4.05	\$3.99	\$3.93	\$3.87	\$3.81	\$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	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
Humana Medicare Advantage I																					
Retiree Rate	\$82.92	\$80.90	\$78.87	\$76.85	\$74.83	\$72.81	\$70.78	\$68.76	\$66.74	\$64.72	\$62.69	\$60.67	\$58.65	\$56.63	\$54.60	\$52.58	\$50.56	\$48.54	\$46.51	\$44.49	\$42.47
Spouse Rate	\$83.93	\$82.92	\$81.91	\$80.89	\$79.88	\$78.87	\$77.86	\$76.85	\$75.84	\$74.83	\$73.81	\$72.80	\$71.79	\$70.78	\$69.77	\$68.76	\$67.75	\$66.73	\$65.72	\$64.71	\$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	\$84.94	\$84.94	\$84.94	\$84.94	\$84.94
Humana Medicare Advantage II																					
Retiree Rate	\$10.50	\$10.25	\$9.99	\$9.74	\$9.48	\$9.22	\$8.97	\$8.71	\$8.45	\$8.20	\$7.94	\$7.69	\$7.43	\$7.17	\$6.92	\$6.66	\$6.40	\$6.15	\$5.89	\$5.64	\$5.38
Spouse Rate	\$10.63	\$10.50	\$10.38	\$10.25	\$10.12	\$9.99	\$9.86	\$9.74	\$9.61	\$9.48	\$9.35	\$9.22	\$9.09	\$8.97	\$8.84	\$8.71	\$8.58	\$8.45	\$8.33	\$8.20	\$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	\$10.76	\$10.76	\$10.76	\$10.76	\$10.76
Presbyterian Medicare Advantage I																					
Retiree Rate	\$110.31	\$107.62	\$104.93	\$102.24	\$99.55	\$96.86	\$94.17	\$91.48	\$88.79	\$86.10	\$83.40	\$80.71	\$78.02	\$75.33	\$72.64	\$69.95	\$67.26	\$64.57	\$61.88	\$59.19	\$56.50
Spouse Rate	\$111.65	\$110.31	\$108.96	\$107.62	\$106.27	\$104.93	\$103.58	\$102.24	\$100.89	\$99.55	\$98.20	\$96.86	\$95.51	\$94.17	\$92.82	\$91.48	\$90.13	\$88.79	\$87.44	\$86.10	\$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	\$113.00	\$113.00	\$113.00	\$113.00	\$113.00
Presbyterian Medicare Advantage II																					
Retiree Rate	\$85.90	\$83.81	\$81.71	\$79.62	\$77.52	\$75.43	\$73.33	\$71.24	\$69.14	\$67.05	\$64.95	\$62.86	\$60.76	\$58.67	\$56.57	\$54.48	\$52.38	\$50.29	\$48.19	\$46.10	\$44.00
Spouse Rate	\$86.95	\$85.90	\$84.86	\$83.81	\$82.76	\$81.71	\$80.67	\$79.62	\$78.57	\$77.52	\$76.48	\$75.43	\$74.38	\$73.33	\$72.29	\$71.24	\$70.19	\$69.14	\$68.10	\$67.05	\$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	\$88.00	\$88.00	\$88.00	\$88.00	\$88.00
UnitedHealthcare Medicare Advantage I																					
Retiree Rate	\$73.21	\$71.43	\$69.64	\$67.86	\$66.07	\$64.29	\$62.50	\$60.71	\$58.93	\$57.14	\$55.36	\$53.57	\$51.79	\$50.00	\$48.21	\$46.43	\$44.64	\$42.86	\$41.07	\$39.29	\$37.50
Spouse Rate	\$74.11	\$73.21	\$72.32	\$71.43	\$70.54	\$69.64	\$68.75	\$67.86	\$66.96	\$66.07	\$65.18	\$64.29	\$63.39	\$62.50	\$61.61	\$60.71	\$59.82	\$58.93	\$58.04	\$57.14	\$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	\$75.00	\$75.00	\$75.00	\$75.00	\$75.00
UnitedHealthcare Medicare Advantage II																					
Retiree Rate	\$24.40	\$23.81	\$23.21	\$22.62	\$22.02	\$21.43	\$20.83	\$20.24	\$19.64	\$19.05	\$18.45	\$17.86	\$17.26	\$16.67	\$16.07	\$15.48	\$14.88	\$14.29	\$13.69	\$13.10	\$12.50
Spouse Rate	\$24.70	\$24.40	\$24.11	\$23.81	\$23.51	\$23.21	\$22.92	\$22.62	\$22.32	\$22.02	\$21.73	\$21.43	\$21.13	\$20.83	\$20.54	\$20.24	\$19.94	\$19.64	\$19.35	\$19.05	\$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	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00

MEDICAL PLAN Monthly Premium Contributions for Retired Before Age 55: Effective August 1, 2021 – December 31, 2021
(applicable if retirement date is July 31, 2021 or after)

NON-MEDICARE PLANS	Retiree Rate	Spouse Rate	Child Rate	Rate Calculation Instructions	
Premier PPO (BCBS or Presbyterian)	\$813.79	\$868.83	\$284.37	1. Select a medical plan for the retiree; enter rate from Retiree Rate column 2. If you are enrolling your spouse or domestic partner, select a medical plan for him/her; enter Spouse Rate 3. If you are enrolling children, enter rate from Child Rate column multiplied by number of children. 4. TOTAL #1, #2, and #3	
Value Plan (BCBS or Presbyterian)	\$635.69	\$678.64	\$221.75		+
MEDICARE PLANS (Not Applicable)	Retiree Rate	Spouse Rate	Child Rate		
BCBS Medicare Supplemental Plan	\$454.00	\$454.00	\$454.00		
BCBS Medicare Advantage I	\$ 60.00	\$ 60.00	\$ 60.00		+
BCBS Medicare Advantage II	\$ 5.00	\$ 5.00	\$ 5.00		
Humana Medicare Advantage I	\$ 84.94	\$ 84.94	\$ 84.94		
Humana Medicare Advantage II	\$ 10.76	\$ 10.76	\$ 10.76		=
Presbyterian Medicare Advantage II	\$113.00	\$113.00	\$113.00		
Presbyterian Medicare Advantage II	\$ 88.00	\$ 88.00	\$ 88.00		
UnitedHealthcare Medicare Advantage I	\$ 75.00	\$ 75.00	\$ 75.00		
UnitedHealthcare Medicare Advantage II	\$ 25.00	\$ 25.00	\$ 25.00		
				4. TOTAL #1, #2, and #3	\$

If you do not enroll in a medical plan and enroll only in a dental, vision, and/or life insurance plan, please add \$5.00 to your total monthly premium.

DENTAL PLAN Monthly Premium*: July 1, 2020 – 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 – 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 – 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 – 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

* NOTE: This is optional coverage, and the entire cost is paid by you. Cost of insurance for all coverage's 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/>.

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/>.