## NMRHCA Age 55+ with Retirement Date on July 31, 2021 or After (Subsidy Level B) Medical Plan Monthly Premium Contributions for January 1, 2027 - December 31, 2027

| 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** | $997.68 | $966.32 | $934.96 | $903.59 | $872.23 | $840.87 | $809.51 | $778.15 | $746.79 | $715.43 | $684.06 | $652.70 | $621.34 | $589.98 | $558.62 | $527.26 | $495.90 | $464.53 | $433.17 | $401.81 | $370.45 |
| **Spouse Rate** | $1,079.80 | $1,060.96 | $1,042.13 | $1,023.29 | $1,004.46 | $985.63 | $966.79 | $947.96 | $929.13 | $910.29 | $891.46 | $872.62 | $853.79 | $834.96 | $816.12 | $797.29 | $778.46 | $759.62 | $740.79 | $721.95 | $703.12 |
| **Child Rate** | $366.66 | $366.66 | $366.66 | $366.66 | $366.66 | $366.66 | $366.66 | $366.66 | $366.66 | $366.66 | $366.66 | $366.66 | $366.66 | $366.66 | $366.66 | $366.66 | $366.66 | $366.66 | $366.66 | $366.66 | $366.66 |
| **Value HMO (BCBS or Presbyterian)** | | | | | | | | | | | | | | | | | | | | | |
| **Retiree Rate** | $779.33 | $754.83 | $730.34 | $705.84 | $681.34 | $656.84 | $632.35 | $607.85 | $583.35 | $558.85 | $534.36 | $509.86 | $485.36 | $460.86 | $436.37 | $411.87 | $387.37 | $362.87 | $338.38 | $313.88 | $289.38 |
| **Spouse Rate** | $843.43 | $828.72 | $814.01 | $799.30 | $784.59 | $769.87 | $755.16 | $740.45 | $725.74 | $711.03 | $696.32 | $681.61 | $666.90 | $652.19 | $637.48 | $622.76 | $608.05 | $593.34 | $578.63 | $563.92 | $549.21 |
| **Child Rate** | $285.93 | $285.93 | $285.93 | $285.93 | $285.93 | $285.93 | $285.93 | $285.93 | $285.93 | $285.93 | $285.93 | $285.93 | $285.93 | $285.93 | $285.93 | $285.93 | $285.93 | $285.93 | $285.93 | $285.93 | $285.93 |
| ***MEDICARE MEDICAL*** | | | | | | | | | | | | | | | | | | | | | |
| **BCBS Medicare Supplement** | | | | | | | | | | | | | | | | | | | | | |
| **Retiree Rate** | $489.12 | $477.19 | $465.26 | $453.33 | $441.40 | $429.47 | $417.54 | $405.61 | $393.68 | $381.75 | $369.82 | $357.89 | $345.96 | $334.03 | $322.10 | $310.17 | $298.24 | $286.31 | $274.38 | $262.45 | $250.52 |
| **Spouse Rate** | $495.09 | $489.12 | $483.16 | $477.19 | $471.23 | $465.26 | $459.30 | $453.33 | $447.37 | $441.40 | $435.44 | $429.47 | $423.51 | $417.54 | $411.58 | $405.61 | $399.65 | $393.68 | $387.72 | $381.75 | $375.79 |
| **Child Rate** | $501.05 | $501.05 | $501.05 | $501.05 | $501.05 | $501.05 | $501.05 | $501.05 | $501.05 | $501.05 | $501.05 | $501.05 | $501.05 | $501.05 | $501.05 | $501.05 | $501.05 | $501.05 | $501.05 | $501.05 | $501.05 |
| **BCBS Medicare Advantage HMO** | | | | | | | | | | | | | | | | | | | | | |
| **Retiree Rate** | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| **Spouse Rate** | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| **Child Rate** | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| **BCBS Medicare Advantage PPO** | | | | | | | | | | | | | | | | | | | | | |
| **Retiree Rate** | $53.69 | $52.38 | $51.07 | $49.76 | $48.45 | $47.14 | $45.83 | $44.52 | $43.21 | $41.90 | $40.60 | $39.29 | $37.98 | $36.67 | $35.36 | $34.05 | $32.74 | $31.43 | $30.12 | $28.81 | $27.50 |
| **Spouse Rate** | $54.35 | $53.69 | $53.04 | $52.38 | $51.73 | $51.07 | $50.42 | $49.76 | $49.11 | $48.45 | $47.80 | $47.14 | $46.49 | $45.83 | $45.18 | $44.52 | $43.87 | $43.21 | $42.56 | $41.90 | $41.25 |
| **Child Rate** | $55.00 | $55.00 | $55.00 | $55.00 | $55.00 | $55.00 | $55.00 | $55.00 | $55.00 | $55.00 | $55.00 | $55.00 | $55.00 | $55.00 | $55.00 | $55.00 | $55.00 | $55.00 | $55.00 | $55.00 | $55.00 |
| **Humana Medicare Advantage PPO + PDP** | | | | | | | | | | | | | | | | | | | | | |
| **Retiree Rate** | $88.89 | $86.72 | $84.56 | $82.39 | $80.22 | $78.05 | $75.88 | $73.72 | $71.55 | $69.38 | $67.21 | $65.04 | $62.87 | $60.71 | $58.54 | $56.37 | $54.20 | $52.03 | $49.87 | $47.70 | $45.53 |
| **Spouse Rate** | $89.98 | $88.89 | $87.81 | $86.72 | $85.64 | $84.55 | $83.47 | $82.39 | $81.30 | $80.22 | $79.13 | $78.05 | $76.96 | $75.88 | $74.80 | $73.71 | $72.63 | $71.54 | $70.46 | $69.37 | $68.29 |
| **Child Rate** | $91.06 | $91.06 | $91.06 | $91.06 | $91.06 | $91.06 | $91.06 | $91.06 | $91.06 | $91.06 | $91.06 | $91.06 | $91.06 | $91.06 | $91.06 | $91.06 | $91.06 | $91.06 | $91.06 | $91.06 | $91.06 |
| **United Healthcare Medicare Advantage PPO + PDP** | | | | | | | | | | | | | | | | | | | | | |
| **Retiree Rate** | $195.14 | $190.38 | $185.62 | $180.86 | $176.10 | $171.34 | $166.58 | $161.82 | $157.06 | $152.30 | $147.55 | $142.79 | $138.03 | $133.27 | $128.51 | $123.75 | $118.99 | $114.23 | $109.47 | $104.71 | $99.95 |
| **Spouse Rate** | $197.52 | $195.14 | $192.76 | $190.38 | $188.00 | $185.62 | $183.24 | $180.86 | $178.48 | $176.10 | $173.72 | $171.34 | $168.96 | $166.58 | $164.20 | $161.82 | $159.44 | $157.06 | $154.68 | $152.30 | $149.92 |
| **Child Rate** | $199.90 | $199.90 | $199.90 | $199.90 | $199.90 | $199.90 | $199.90 | $199.90 | $199.90 | $199.90 | $199.90 | $199.90 | $199.90 | $199.90 | $199.90 | $199.90 | $199.90 | $199.90 | $199.90 | $199.90 | $199.90 |

Revised: August 2026

## 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 January 1, 2027 - December 31, 2027 | | | |
|---|---|---|---|
| | SINGLE | TWO-PARTY | FAMILY |
| BCBS Dental **Basic** | **$19.98** | **$37.95** ***for both*** | **$ 56.93** ***for all*** |
| BCBS Dental **Comprehensive** | **$38.46** | **$73.07** ***for both*** | **$109.56** ***for all*** |
| Delta Dental **Basic** | **$24.04** | **$45.68** ***for both*** | **$ 68.51** ***for all*** |
| Delta Dental **Comprehensive** | **$45.67** | **$86.79** ***for both*** | **$130.18** ***for all*** |
| **VISION PLAN Monthly Premium*: Effective January 1, 2025 - June 30, 2028** | | | |
| **Davis Vision** | **$ 4.91** | **$ 9.24** ***for both*** | **$13.61** ***for all*** |
| **DEPENDENT CHILD LIFE Monthly Premium*: Effective July 1, 2019 - June 30, 2027** | | | |
| **The Standard** | $2,500 | $5,000 | $10,000 |
| **Dependent Child Life** | **$4.13** ***for all*** | **$7.75** ***for all*** | **$15.00** ***for all*** |

| RETIREE/SPOUSE SUPPLEMENTAL LIFE Monthly Premium*: Effective September 1, 2023 - June 30, 2027 | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **The Standard** | $2,000 | $4,000 | $6,000 | $8,000 | $10,000 | $15,000** | $20,000** | $40,000** | $46,000** | $60,000** |
| **Age 35-39** | **$ 0.70** | **$ 0.90** | **$ 1.09** | **$ 1.29** | **$ 1.49** | **$ 1.99** | **$ 2.48** | **$ 4.46** | **$ 5.05** | **$ 6.44** |
| **Age 40-44** | **$ 0.82** | **$ 1.14** | **$ 1.45** | **$ 1.77** | **$ 2.09** | **$ 2.89** | **$ 3.68** | **$ 6.86** | **$ 7.81** | **$ 10.04** |
| **Age 45-49** | **$ 1.03** | **$ 1.57** | **$ 2.10** | **$ 2.64** | **$ 3.17** | **$ 4.51** | **$ 5.84** | **$ 11.18** | **$ 12.78** | **$ 16.52** |
| **Age 50-54** | **$ 1.43** | **$ 2.36** | **$ 3.29** | **$ 4.22** | **$ 5.15** | **$ 7.48** | **$ 9.80** | **$ 19.10** | **$ 21.89** | **$ 28.40** |
| **Age 55-59** | **$ 2.04** | **$ 3.58** | **$ 5.13** | **$ 6.67** | **$ 8.21** | **$ 12.07** | **$ 15.92** | **$ 31.34** | **$ 35.97** | **$ 46.76** |
| **Age 60-64** | **$ 2.38** | **$ 4.26** | **$ 6.14** | **$ 8.02** | **$ 9.90** | **$ 14.60** | **$ 19.30** | **$ 38.10** | **$ 43.74** | **$ 56.90** |
| **Age 65-69** | **$ 4.36** | **$ 8.21** | **$ 12.07** | **$ 15.92** | **$ 19.78** | **$ 29.42** | **$ 39.06** | **$ 77.62** | **$ 89.19** | **$ 116.18** |
| **Age 70 and over** | **$ 6.41** | **$ 12.32** | **$ 18.24** | **$ 24.15** | **$ 30.06** | **$ 44.84** | **$ 59.62** | **$ 118.74** | **$ 136.48** | **$ 177.86** |

*This is optional coverage, and the entire cost of coverage is paid by you. The 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/.