

CITY OF CHARLESTON
RETIREE HEALTH CARE PREMIUMS (monthly)

NON-UNIFORM RETIREES HIRED PRIOR TO 07/01/1984		
Coverage	Standard	Non-Tobacco
Retiree (Medicare)	100.97	92.16
Retiree (Medicare) + Spouse (Medicare)	125.09	96.41
Retiree	207.83	188.52
Retiree & Spouse (Medicare)	228.99	200.30
Retiree (Medicare) + Spouse	228.99	200.30
Retiree & Spouse	320.08	292.50
Family	454.48	411.67

UNIFORM RETIREES HIRED PRIOR TO 07/01/1984		
Coverage	Standard	Non-Tobacco
Retiree (Medicare)	100.97	92.16
Retiree (Medicare) + Spouse (Medicare)	125.09	96.41
Retiree	186.15	161.87
Retiree & Spouse (Medicare)	152.53	132.63
Retiree (Medicare) + Spouse	205.66	178.83
Retiree & Spouse	275.40	239.48
Family	280.20	243.65

NON-UNIFORM & UNIFORM RETIREES HIRED ON OR AFTER 07/01/1984		
Coverage	Standard	Non-Tobacco
Retiree (Medicare)	100.97	92.16
Retiree (Medicare) + Spouse (Medicare)	125.09	96.41
Retiree	207.83	188.52
Retiree & Spouse (Medicare)	228.99	200.30
Retiree (Medicare) + Spouse	228.99	200.30
Retiree & Spouse	320.08	292.50
Family	454.48	411.67

7/1/2018

Dental/Vision Rates	<u>Standard Plan</u>	<u>Enhanced Plan</u>
Employee Only	\$3.40	\$6.75
Employee + Spouse	\$7.71	\$16.08
Employee + Children Family	\$7.71	\$16.08
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The rates displayed are for reference and informational purposes. Should an error or discrepancy exist between city policy and the rates displayed above, city policy shall prevail.