

| Retiree Premium<br>Effective 7/1/2025                                     |          |             |
|---|----------|-------------|
| All Non-Uniform Retirees &<br>Uniform Retirees Hired On or After 7/1/1984 |          |             |
| Monthly Premium   | Standard | Non-Tobacco |
| Pre-65  |          |             |
| Retiree Only  | \$207.83 | \$188.52    |
| Retiree & Spouse  | \$390.74 | \$357.07    |
| Family  | \$454.48 | \$411.67    |
| Post-65 (Medicare)  |          |             |
| Retiree (M)   | \$100.97 | \$92.16     |
| Retiree (M) & Spouse (M)  | \$125.09 | \$96.41     |
| Retiree & Spouse (M)  | \$228.99 | \$200.30    |
| Retiree (M) & Spouse  | \$228.99 | \$200.30    |
| Uniform Retirees Hired Prior to 7/1/1984                                  |          |             |
| Monthly Premium   | Standard | Non-Tobacco |
| Pre-65  |          |             |
| Retiree Only  | \$186.15 | \$161.87    |
| Retiree & Spouse  | \$336.20 | \$292.35    |
| Family  | \$280.20 | \$243.65    |
| Post-65 (Medicare)  |          |             |
| Retiree (M)   | \$100.97 | \$92.16     |
| Retiree (M) & Spouse (M)  | \$125.09 | \$96.41     |
| Retiree & Spouse (M)  | \$152.53 | \$132.63    |
| Retiree (M) & Spouse  | \$205.66 | \$178.83    |

| Dental/Vision Plan Premium |          |          |
|----------------------------|----------|----------|
| Active & Retiree           |          |          |
| Monthly Premium            | Standard | Enhanced |
| Employee Only              | \$5.21   | \$7.02   |
| Family                     | \$11.64  | \$16.73  |

| Current Retiree Premium   |          |             |
|---|----------|-------------|
| All Non-Uniform Retirees &<br>Uniform Retirees Hired On or After 7/1/1984 |          |             |
| Monthly Premium   | Standard | Non-Tobacco |
| Pre-65  |          |             |
| Retiree Only  | \$207.83 | \$188.52    |
| Retiree & Spouse  | \$320.08 | \$292.50    |
| Family  | \$454.48 | \$411.67    |
| Post-65 (Medicare)  |          |             |
| Retiree (M)   | \$100.97 | \$92.16     |
| Retiree (M) & Spouse (M)  | \$125.09 | \$96.41     |
| Retiree & Spouse (M)  | \$228.99 | \$200.30    |
| Retiree (M) & Spouse  | \$228.99 | \$200.30    |
| Uniform Retirees Hired Prior to 7/1/1984                                  |          |             |
| Monthly Premium   | Standard | Non-Tobacco |
| Pre-65  |          |             |
| Retiree Only  | \$186.15 | \$161.87    |
| Retiree & Spouse  | \$275.40 | \$239.48    |
| Family  | \$280.20 | \$243.65    |
| Post-65 (Medicare)  |          |             |
| Retiree (M)   | \$100.97 | \$92.16     |
| Retiree (M) & Spouse (M)  | \$125.09 | \$96.41     |
| Retiree & Spouse (M)  | \$152.53 | \$132.63    |
| Retiree (M) & Spouse  | \$205.66 | \$178.83    |

| Dental/Vision Plan Premium |          |          |
|----------------------------|----------|----------|
| Active & Retiree           |          |          |
| Monthly Premium            | Standard | Enhanced |
| Employee Only              | \$3.40   | \$6.75   |
| Family                     | \$7.71   | \$16.08  |

**Disclaimer:** This is a summary of the plan coverages. Any conflict between this table and the actual insurance policy, the policy provision will prevail.