

NAGE Retirees with 25+ Years of Service 2024 Monthly Rate Chart

All plans include vision coverage through VSP and a \$50,000 life insurance policy through The Hartford Insurance

Medical Plan	With Delta Dental PPO					With United Concordia Dental HMO					
	Employee only	Employee plus one dependent		Employee + 2 or more dependents		Employee only		Employee plus one dependent		Employee + 2 or more dependents	
Kaiser \$10/\$10	No Cost To Employee	\$	450.80	\$	1,173.13		Cost To	\$	405.88	\$	1,093.78
VEBA Direct HMO \$20	No Cost To Employee	\$	436.80	\$	1,142.13		Cost To nployee	\$	391.88	\$	1,062.78
UnitedHealthcare Alliance \$10	No Cost To Employee	\$	677.80	\$	1,477.13		Cost To nployee	\$	632.88	\$	1,397.78
UnitedHealthcare Harmony \$10	No Cost To Employee	\$	384.80	\$	1,071.13		Cost To nployee	\$	339.88	\$	991.78
UnitedHealthcare UMR - PPO	\$ 584.22	\$	2,371.80	\$	3,856.13	\$	563.61	\$	2,326.88	\$	3,776.78
SIMNSA HMO	All Tiers No Cost To Employee There are some eligibility requirements for this plan. Please review criteria before selecting this plan.					All Tiers No Cost To Employee There are some eligibility requirements for this plan. Please review criteria before selecting this plan.					