

## Retiree Out of State 2024 Monthly Rates

MEDICAL ONLY - NO DENTAL									
Medical Plan		ETIREE ONLY	RETIREE + 1		FAMILY				
UnitedHealthcare Choice Plus PPO	\$	308.94	\$	2,241.21	\$	3,557.11			
UnitedHealthcare Non-Differential PPO	\$	512.94	\$	2,678.21	\$	4,157.11			

MEDICAL AND DENTAL COVERAGE										
Medical Plan	With Delta Dental PPO									
	R	ETIREE ONLY	RETIREE + 1		FAMILY					
UnitedHealthCare Choice Plus PPO	\$	329.55	\$	2,286.13	\$	3,636.46				
UnitedHealthCare Non-Differential PPO	\$	533.55	\$	2,723.13	\$	4,236.46				