## 2025 MONTHLY RATE CHART FOR RETIREES & SURVIVING SPOUSES

## These rates are effective January 1, 2025

We will deduct the new rates effective with your December 2024 pension check. This is official notification of health plan rates for 2025. DO NOT discard this rate chart.

## **RATE CHART 1 - These Rates Apply To You If You Are:**

- 1 General City, Fire or Police Retirees age 65 and over.
- 2 Ordinary Disability Retiree
- 3 Certain General City Retirees under age 60, or between 60-65 paying for health coverage.
- 4 Surviving Spouses of certain General City, Fire or Police Service Retirees.

## **2025 Monthly Health Premium Rates - 75% of Full Premium**

Plan Code	If you are or your family consists of:	UHC Choice Plus (PPO)	UHC Choice (EPO)
1	One Adult No Medicare	\$897.75	\$831.00
2	Two Adults no Medicare	\$1,797.75	\$1,659.75
3	Two Adults & Dependent Child(ren) no Medicare	\$2,695.50	\$2,490.00
4	One Adult with Medicare	\$327.75	\$384.00
5	Two Adults with Medicare	\$618.75	\$767.25
6	One Adult with Medicare, One Adult w/o Medicare	\$1,421.25	\$1,229.25
7	One Adult with Medicare, One Adult w/o Medicare & Dependent Child(ren)	\$1,664.25	\$1,651.50
8	Two Adults with Medicare & Dependent Child(ren)	\$869.25	\$1,189.50
9	Adult & Dependent Child(ren) no Medicare	\$1,348.50	\$1,245.00
10	Adult with Medicare & Dependent Child(ren)	\$804.75	\$805.50

"With Medicare" means having both parts of Medicare, Hospital (Part A) and Medical (Part B).

ACA NOTICE: The individual shared responsibility provision of the Affordable Care Act requires you and each member of your family to have qualifying health care coverage (called minimum essential coverage), qualify for a coverage exemption, or make an individual shared responsibility payment when you file your federal income tax return.