## **RETIREE-POA - 2024**

|                                   | Providence Personal | Providence \$50 Ded | Providence High |          | Kaiser High     |
|-----------------------------------|---------------------|---------------------|-----------------|----------|-----------------|
| NON-MEDICARE RATES                | Option POA          | Open Option         | Deductible Open | Kaiser   | Deductible Plan |
| Non-Medicare Retiree or Spouse    | 812.00              | 869.00              | 766.14          | 786.16   | 573.92          |
| Retiree & Spouse                  | 1,623.00            | 1,735.00            | 1,532.42        | 1,572.34 | 1,147.84        |
| Retiree or Spouse with Child(ren) | 1,463.00            | 1,565.00            | 1,379.08        | 1,415.10 | 1,033.04        |
| Retiree, Spouse and Child(ren)    | 2,438.00            | 2,605.00            | 2,298.50        | 2,358.50 | 1,721.86        |

|                                    | Providence Medicare | Kaiser Senior |
|------------------------------------|---------------------|---------------|
| MEDICARE RATES                     | Align               | Advantage     |
| Medicare Retiree or Spouse         | 389.48              | 442.44        |
| Medicare Retiree & Medicare Spouse | 778.96              | 884.88        |

## **OPTIONS WITH ONE MEDICARE & ONE NON-MEDICARE**

| Providence Personal Option & Medicare Align      | 1,201.48 |
|--|----------|
| Providence Open Option & Medicare Align          | 1,258.48 |
| Providence High Deductible Open & Medicare Align | 1,155.62 |
| Kaiser & Kaiser Senior Advantage                 | 1,228.60 |
| Kaiser High Deductible & Kaiser Senior Advantage | 1,016.36 |

NOTE: Rates will be based on Medicare status of retiree and spouse.

| DENTAL (TO AGE 65 ONLY)         | Moda Incentive | Kaiser |  |
|---------------------------------|----------------|--------|--|
| Retiree or Spouse               | 74.00          | 102.02 |  |
| Retiree & Spouse                | 147.00         | 201.98 |  |
| Retiree or Spouse with Children | 105.00         | 140.80 |  |
| Retiree & Family                | 177.00         | 241.76 |  |
| EAP                             | CANOPY         |        |  |
| Retiree / Family                | 3.30           |        |  |