

Pre 65 Enrollment form templates



Blue Cross Blue Shield – Medical Plan Options Pre 65 / 2024 Rates

COPPER Plan	Medical, RX, High Dental and Vision Rate	Medical, RX and High Dental	Medical, RX and Low Dental	Medical and RX only
Single	\$	\$	\$	\$
Two Person	\$	\$	\$	\$
Family	\$	\$	\$	\$
BRONZE Plan	Medical, RX, High Dental and Vision Rate	Medical, RX and High Dental	Medical, RX and Low Dental	Medical and RX only
Single	\$	\$	\$	\$
Two Person	\$	\$	\$	\$
Family	\$	\$	\$	\$
SILVER Plan	Medical, RX, High Dental and Vision Rate	Medical, RX and High Dental	Medical, RX and Low Dental	Medical and RX only
Single	\$	\$	\$	\$
Two Person	\$	\$	\$	\$
Family	\$	\$	\$	\$
GOLD Plan	Medical, RX, High Dental and Vision Rate	Medical, RX and High Dental	Medical, RX and Low Dental	Medical and RX only
Single	\$	\$	\$	\$
Two Person	\$	\$	\$	\$
Family	\$	\$	\$	\$

The rates above include the administration fee



Blue Cross Blue Shield – Monthly DSRA-BT Subsidy Pre 65 / 2024 Rates (HCTC if NOT Extended)

Plan Option	Single	Two-Person	Family
Under Age 65	\$	N/A	\$
Under Age 65 & Medicare Disabled BCBS – Silver Plan	\$	N/A	N/A
Under Age 65 & Medicare Disabled BCBS MA Diamond	\$	N/A	N/A

Plans are all bundled plans – Medical, Prescription Drug, Dental and Vision
The rates above include the administration fee



Blue Cross Blue Shield - Dental / Vision (Standalone no Medical) Pre 65 / 2024 Rates

Retirees Under Age 65 -

LOW PLAN		
	Dental /Vision	Dental Only
Single	\$	\$
Two Person	\$	\$
Family	\$	\$

An administration fee of \$4.25 is included above

HIGH PLAN		
	Dental /Vision	Dental Only
Single	\$	\$
Two Person	\$	\$
Family	\$	\$

An administration fee of \$4.25 is included above



Blue Cross Blue Shield – Medicare Disabled Pre 65 / 2024 Rates

The rates below only apply to **pre-65 Medicare disabled** members. BCBSM Medicare Advantage plans are now available to Pre 65 Medicare Disabled members at a much lower premium or cost free to DSRÀ-BT Subsidy recipients.

SILVER	Medical / High Dental / Vision	Medical /High Dental	Medical / Vision	Medical Only
Single	\$	\$	\$	\$

The rates above include the administration fee

Medicare Disabled Retirees or Eligible Dependents Under Age 65 Retirees Post 65

LOW PLAN		
	Dental /Vision	Dental Only
Single	\$	\$
Two Person	\$	\$

An administration fee of \$4.25 is included above

HIGH PLAN		
	Dental /Vision	Dental Only
Single	\$	\$
Two Person	\$	\$

An administration fee of \$4.25 is included above

Medicare Disabled Retirees or Eligible Dependents Under Age 65 Retirees Post 65

LOW PLAN			
	Dental /Vision	Dental Only	Vision Only
Single	\$	\$	\$
Family	\$	\$	\$

HIGH PLAN			
	Dental /Vision	Dental Only	Vision Only
Single	\$	\$	\$
Family	\$	\$	\$

No admin fee when adding Dental to Hartford or BCBSM Medicare Advantage.

MetLife Insurance Plan

Pre 65 Eligible / 2024 Rates



Retiree Estimated Monthly Cost ^{i, ii}

Amount	AGE							
	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89
\$10,000	\$ 2.30	\$ 4.30	\$ 6.60	\$ 12.70	\$ 20.60	\$ 29.83	\$ 48.47	\$ 63.38
\$20,000	\$ 4.60	\$ 8.60	\$ 13.20	\$ 25.40	\$ 41.20	\$ 59.66	\$ 96.94	\$ 126.76
\$30,000	\$ 6.90	\$ 12.90	\$ 19.80	\$ 38.10	\$ 61.80	\$ 89.49	\$ 145.41	\$ 190.14
\$40,000	\$ 9.20	\$ 17.20	\$ 26.40	\$ 50.80	\$ 82.40	\$ 119.32	\$ 193.88	\$ 253.52
\$50,000	\$ 11.50	\$ 21.50	\$ 33.00	\$ 63.50	\$ 103.00	\$ 149.15	\$ 242.35	\$ 316.90
\$60,000	\$ 13.80	\$ 25.80	\$ 39.60	\$ 76.20	\$ 123.60	\$ 178.98	\$ 290.82	\$ 380.28
\$70,000	\$ 16.10	\$ 30.10	\$ 46.20	\$ 88.90	\$ 144.20	\$ 208.81	\$ 339.29	\$ 443.66
\$80,000	\$ 18.40	\$ 34.40	\$ 52.80	\$ 101.60	\$ 164.80	\$ 238.64	\$ 387.76	\$ 507.04
\$90,000	\$ 20.70	\$ 38.70	\$ 59.40	\$ 114.30	\$ 185.40	\$ 268.47	\$ 436.23	\$ 570.42
\$100,000	\$ 23.00	\$ 43.00	\$ 66.00	\$ 127.00	\$ 206.00	\$ 298.30	\$ 484.70	\$ 633.80
\$110,000	\$ 25.30	\$ 47.30	\$ 72.60	\$ 139.70	\$ 226.60	\$ 328.13	\$ 533.17	\$ 697.18
\$120,000	\$ 27.60	\$ 51.60	\$ 79.20	\$ 152.40	\$ 247.20	\$ 357.96	\$ 581.64	\$ 760.56

Spouse Monthly Cost ⁱⁱⁱ

Amount	AGE							
	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89
\$10,000	\$ 2.30	\$ 4.30	\$ 6.60	\$ 12.70	\$ 20.60	\$ 29.83	\$ 48.47	\$ 63.38
\$20,000	\$ 4.60	\$ 8.60	\$ 13.20	\$ 25.40	\$ 41.20	\$ 59.66	\$ 96.94	\$ 126.76
\$30,000	\$ 6.90	\$ 12.90	\$ 19.80	\$ 38.10	\$ 61.80	\$ 89.49	\$ 145.41	\$ 190.14
\$40,000	\$ 9.20	\$ 17.20	\$ 26.40	\$ 50.80	\$ 82.40	\$ 119.32	\$ 193.88	\$ 253.52
\$50,000	\$ 11.50	\$ 21.50	\$ 33.00	\$ 63.50	\$ 103.00	\$ 149.15	\$ 242.35	\$ 316.90

^vThe rates above do NOT include the \$3.50 administration fee. A Fee is only added for the Retiree or Surviving Spouse if they elect to continue coverage.

^{vi}Voluntary life plan rates change in five year increments, i.e. 40, 45, 50, etc. The new rate becomes effective 1/1 after the insured enters a new age category.

^{vii}Spouse costs are based on the retiree's age.

IMPORTANT – Spouse of retiree has the option of remaining in the plan at the same rate they paid based on retiree's age until age 80 then move to a whole life plan.

The Health Coverage Tax Credit Expired To date, the Health Coverage Tax Credit (HCTC) has not been extended and funding continues to not be available. If you wish to remain in your VEBA Trust insurance plans, you will pay 100% of the plan premium for each month the HCTC program is not in operation. If Congress extends the HCTC Program after the open enrollment period, there will be a special open enrollment period available at a later date.

Medicare Disabled Retirees or Eligible Dependents Under Age 65

The rates below only apply to **pre-65 Medicare disabled** members. BCBSM Medicare Advantage plans are now available to Pre 65 Medicare Disabled members at a much lower premium or cost free to DSRA-BT Subsidy recipients.

SILVER	Medical / High Dental / Vision	Medical /High Dental	Medical / Vision	Medical Only
Single	\$	\$	\$	\$

Medicare Disabled Retirees or Eligible Dependents Under Age 65 Retirees Post 65

LOW PLAN			HIGH PLAN		
	Dental /Vision	Dental Only		Dental /Vision	Dental Only
Single	\$	\$	Single	\$	\$
Two Person	\$	\$	Two Person	\$	\$

An administration fee of \$4.25 is included above

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Blue Cross Blue Shield – PDP Standalone Medicare Eligible / 2024 Rates

STANDALONE PDP MEDICARE Rates

Plan	Rate
High PDP	\$109.20
Low PDP	\$88.70

Hartford Supplement Plan Medicare Eligible / 2024 Rates



Admin fee included in rates (plan administration, billing and claims)	INSURED'S AGE BANDED RATES				
	65-69	70-74	75-79	80-84	85+
STANDALONE PLAN RATES					
Elite (Mirrors Plan F)	\$	\$	\$	\$	\$
Premium Plus Plan (Mirrors Plan G)	\$	\$	\$	\$	\$
Premium Plan	\$	\$	\$	\$	\$
Choice Plan	\$	\$	\$	\$	\$
Florida Residents ONLY	\$ (NO AGE BANDS for FL)				

Standalone - An administration fee of \$7 is included above

MEDICAL PLAN + HIGH RX PLAN - MONTHLY RATES					
Elite (Mirrors Plan F)	\$	\$	\$	\$	\$
Premium Plus Plan (Mirrors Plan G)	\$	\$	\$	\$	\$
Premium Plan	\$	\$	\$	\$	\$
Choice Plan	\$	\$	\$	\$	\$
MEDICAL PLAN + LOW RX PLAN - MONTHLY RATES					
Elite (Mirrors Plan F)	\$	\$	\$	\$	\$
Premium Plus Plan (Mirrors Plan G)	\$	\$	\$	\$	\$
Premium Plan	\$	\$	\$	\$	\$
Choice Plan	\$	\$	\$	\$	\$

Choice Plan - An administration fee of \$10 is included above



Blue Cross Blue Shield - MAPD Medicare Eligible / 2024 Rates

Plan	Rate
Diamond	\$291.70
Emerald	\$237.04
Ruby	\$116.90

An administration fee of \$10 is included above



Blue Cross Blue Shield - Dental / Vision (Standalone no Medical) Medicare Eligible / 2024 Rates

	LOW PLAN	
	Dental /Vision	Dental Only
Single	\$	\$
Two Person	\$	\$
Family	\$	\$

An administration fee of \$4.25 is included above

	HIGH PLAN	
	Dental /Vision	Dental Only
Single	\$	\$
Two Person	\$	\$
Family	\$	\$

An administration fee of \$4.25 is included above



Blue Cross Blue Shield Medical Plan + Dental/ Vision Medicare Eligible / 2024 Rates

	LOW PLAN				HIGH PLAN		
	Dental /Vision	Dental Only	Vision Only		Dental /Vision	Dental Only	Vision Only
Single	\$	\$	\$	Single	\$	\$	\$
Family	\$	\$	\$	Family	\$	\$	\$

No admin fee when adding Dental to Hartford or BCBSM Medicare Advantage.



MetLife Insurance Plan

Medicare Eligible / 2024 Rates

Retiree Estimated Monthly Cost ^{i, ii}

Amount	AGE							
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