

2024 Retiree Benefit Premiums

Under Age 65 Medical Premiums

PRIME SELECT	*Shared Cost Per Month	Full Cost Per Month
Single	\$237.70	\$950.80
Dual	\$475.40	\$1,901.60
Family	\$713.10	\$2,852.40
CONSUMER CHOICE	*Shared Cost Per Month	Full Cost Per Month
Single	\$88.03	\$517.83
Dual	\$176.06	\$1,035.67
Family	\$264.10	\$1,553.50

Under Age 65 Dental Premiums

METLIFE	*Shared Cost Per Month	Full Cost Per Month
Single	\$8.94	\$35.75
Dual	\$17.88	\$71.50
Family	\$26.81	\$107.25
DELTA DENTAL	*Shared Cost Per Month	Full Cost Per Month
Single	\$8.48	\$33.90
Dual	\$16.95	\$67.80
Family	\$25.43	\$101.70

Over Age 65 Prescription Drug Plan Premiums and HRA Funding Amount

RX DRUG PLAN	*Shared Cost Per Month	Full Cost Per Month
Single	\$102.00	\$204.00
Dual	\$204.00	\$408.00
HEALTH REIMBURSEMENT ARRANGEMENT (HRA)	*ORNL Contribution (<i>prorated for number of months in the plan</i>)	
Single	\$792	
Dual	\$1,584	

**Retirees hired prior to 4/1/2012 with at least 10 years full-time service are eligible for shared cost. Otherwise, retirees pay full cost.*