

2018 BENEFIT PLAN RATES

MEDICAL	MONTHLY RATE		
	Humana Medicare Advantage	BCBS PPO	Cigna Choice Fund*
Coverage Level			
Single (without Medicare A & B)	N/A	\$187.00	\$197.00
Family (none with Medicare A & B)	N/A	\$471.00	\$501.00
Pensioner Only (with Medicare A & B)	\$86.07	\$103.00	\$124.00
Pensioner + Spouse (both with Medicare A & B)	\$172.14	\$206.00	\$248.00
Pensioner (with Medicare A & B) + Spouse (without Medicare A & B)	N/A	\$290.00	\$321.00
Pensioner (without Medicare A & B) + Spouse (with Medicare A & B)	N/A	\$290.00	\$321.00
Pensioner (with Medicare A & B) + Child(ren) (with or without Medicare A & B)	N/A	\$206.00	\$248.00
Pensioner, Spouse and Child(ren) (all with Medicare A & B)	N/A	\$309.00	\$372.00
Three Family Members Covered (two of them with Medicare A & B)	N/A	\$393.00	\$445.00
DENTAL	Flexible Plan	Limited Plan	
Single	Metro provides single dental coverage at no cost to you		
Family	\$37.72	\$48.04	
VISION	Basic Plan	Enhanced Plan	
Single	\$3.04	\$4.80	
Family	\$9.30	\$15.34	

* Pensioners with Medicare A & B are not eligible to receive the Health Reimbursement Account (HRA) Fund.