

**CITY OF LEWISVILLE
RETIREE CONTINUATION COVERAGE ELECTION FORM**

***Retiree Monthly Premiums for Medical Plan
Plan Year October 1, 2022 - September 30, 2023***

HRA PLAN RATES

Years of Service	Less than 20	20 -24	25+
Retiree Only Medical	\$1,521	\$1,024	\$974
Retiree + Spouse	\$3,043	\$2,545	\$2,496
Retiree + Children	\$2,247	\$1,750	\$1,700
Retiree + Family	\$3,769	\$3,271	\$3,221
Spouse Only	\$1,521	\$1,521	\$1,521

H.S.A. PLAN RATES

Years of Service	Less than 20	20 -24	25+
Retiree Only Medical	\$1,415	\$918	\$868
Retiree + Spouse	\$2,830	\$2,333	\$2,283
Retiree + Children	\$2,090	\$1,593	\$1,543
Retiree + Family	\$3,505	\$3,008	\$2,958
Spouse Only	\$1,415	\$1,415	\$1,415

CAT PLAN RATES

Years of Service	Less than 20	20 -24	25+
Retiree Only Medical	\$1,258	\$761	\$711
Retiree + Spouse	\$2,517	\$2,019	\$1,970
Retiree + Children	\$1,859	\$1,361	\$1,311
Retiree + Family	\$3,117	\$2,620	\$2,570
Spouse Only	\$1,258	\$1,258	\$1,258

DENTAL PLAN RATES

	Retiree Only	Retiree + Spouse	Retiree + Children	Retiree + Family
CIGNA	\$38.78	\$79.50	\$88.32	\$127.97

VISION PLAN RATES

	Retiree Only	Retiree + Spouse	Retiree + Children	Retiree + Family
Superior	\$4.15	\$7.90	\$7.80	\$12.20

MEDICARE SUPPLEMENT PLAN RATES (Estimated)

Actual Cost Varies based on Zip Code

AARP	Per Participant Age 65-67	Per Participant Age 68+	Supplement & Part D Coverage Gap Saver Plan	Supplement & Part D Coverage Gap Preferred Plan	Supplement & Part D Coverage Gap Enhanced Plan
Retiree	\$124.36	Call for Quote	\$147.96	\$162.86	\$196.06
Spouse	\$174.46	Call for Quote	\$197.96	\$212.86	\$246.06