

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

***Retiree Monthly Premiums for Medical Plan
Plan Year January 1, 2024 – December 31, 2024***

Purple Plan Monthly Rates			
Years of Service	Less than 20	20-24	25+
Retiree Only	\$1,475	\$974	\$924
Retiree + Spouse	\$2,949	\$2,449	\$2,399
Retiree + Children	\$2,178	\$1,678	\$1,628
Retiree + Family	\$3,653	\$3,152	\$3,102
Spouse Only	\$1,475	\$1,475	\$1,475

Green Plan Monthly Rates			
Years of Service	Less than 20	20-24	25+
Retiree Only	\$1,606	\$1,106	\$1,056
Retiree + Spouse	\$3,212	\$2,712	\$2,662
Retiree + Children	\$2,372	\$1,872	\$1,822
Retiree + Family	\$3,979	\$3,479	\$3,429
Spouse Only	\$1,606	\$1,606	\$1,606

DENTAL PLAN RATES

	Retiree Only	Retiree + Spouse	Retiree + Children	Retiree + Family
CIGNA	\$42.91	\$87.96	\$97.72	\$141.58

VISION PLAN RATES

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