

Retirees under age 65 after 7/1/04

	2024 Full Monthly Premium	Bentley Monthly Contribution	Your Monthly Contribution
HMO Plan - Medical			
Employee	\$924.49	\$135.80	\$788.69
Employee + Child(ren)	\$2,033.89	\$525.16	\$1,508.73
Employee + Spouse/Domestic Partner	\$2,634.78	\$525.16	\$2,109.62
Employee + Family	\$2,773.47	\$525.16	\$2,248.31
Best Buy HMO - Medical			
Employee	\$736.53	\$135.80	\$600.73
Employee + Child(ren)	\$1,620.35	\$525.16	\$1,095.19
Employee + Spouse/Domestic Partner	\$2,099.10	\$525.16	\$1,573.94
Employee + Family	\$2,209.59	\$525.16	\$1,684.43
High Deductible Plan - Medical			
Employee	\$677.05	\$135.80	\$541.25
Employee + Child(ren)	\$1,489.53	\$525.16	\$964.37
Employee + Spouse/Domestic Partner	\$1,929.60	\$525.16	\$1,404.44
Employee + Family	\$2,031.19	\$525.16	\$1,506.03
Standard Plan - Delta Dental			
Employee	\$50.18	\$0.00	\$0.00
Employee + Child(ren)	\$110.40	\$0.00	\$0.00
Employee + Spouse/Domestic Partner	\$143.00	\$0.00	\$0.00
Employee + Family	\$150.53	\$0.00	\$0.00
High Plan - Delta Dental			
Employee	\$55.61	\$0.00	\$0.00
Employee + Child(ren)	\$122.36	\$0.00	\$0.00
Employee + Spouse/Domestic Partner	\$158.51	\$0.00	\$0.00
Employee + Family	\$166.85	\$0.00	\$0.00
Eyemed-Vision			
Employee	\$5.34	\$0.00	\$0.00
Employee + Child(ren)	\$11.73	\$0.00	\$0.00
Employee + Spouse/Domestic Partner	\$15.20	\$0.00	\$0.00
Employee + Family	\$16.01	\$0.00	\$0.00

Retiree spouses pay the full premium for medical