

RETIREE HEALTH PREMIUMS FOR 2024 (If You Retired Pre 7.1.1994 – 12.31.2011)

The tables below show the monthly premium for each medical plan available to you. Your monthly premium will be determined by (1) the plan you elect; (2) whether you cover your spouse or same-sex domestic partner and/or your eligible dependent child(ren); and (3) your age and your spouse's age.

Covered Individual	Medical Plan Option	Monthly Premium (Under Age 65)
Columbia Retiree	Choice Plus 80	\$1,443
	Choice Plus 90	\$1,740
	Choice Plus 100	\$2,337
	Indemnity Plan	N/A
Spouse, Same-Sex Domestic Partner or Medicare-Eligible Dependent	Choice Plus 80	\$1,567
	Choice Plus 90	\$1,864
	Choice Plus 100	\$2,461
	Indemnity Plan	N/A
Child(ren)	Choice Plus 80	\$721
	Choice Plus 90	\$870
	Choice Plus 100	\$1,168

N/A = Not Available