

## RETIREE HEALTH PREMIUMS FOR 2024 (If You Retired Post December 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)
<b>Columbia Retiree</b>	<b>Choice Plus 80</b>	\$1,619
	<b>Choice Plus 90</b>	\$1,916
	<b>Choice Plus 100</b>	\$2,513
	<b>Indemnity Plan</b>	N/A
<b>Spouse, Same-Sex Domestic Partner or Medicare-Eligible Dependent</b>	<b>Choice Plus 80</b>	\$1,655
	<b>Choice Plus 90</b>	\$1,952
	<b>Choice Plus 100</b>	\$2,549
	<b>Indemnity Plan</b>	N/A
<b>Child(ren)</b>	<b>Choice Plus 80</b>	\$809
	<b>Choice Plus 90</b>	\$958
	<b>Choice Plus 100</b>	\$1,256

**N/A = Not Available**