

**2024 Monthly Premium Rates for Pre-65 Retirees
(with no covered family members who are Medicare eligible)**

	Medical	Passive PPO Dental	Medical + Dental
Aetna Choice POS II and Traditional Choice plans			
Retiree only	\$246.34	\$10.22	\$256.56
Retiree + spouse	\$569.06	\$23.62	\$592.68
Retiree + child(ren)	\$475.45	\$19.73	\$495.18
Retiree + family	\$753.82	\$31.28	\$785.10
Aetna High Deductible Health Plan (HDHP) plans			
Retiree only	\$189.49	\$10.22	\$199.71
Retiree + spouse	\$437.74	\$23.62	\$461.36
Retiree + child(ren)	\$365.73	\$19.73	\$385.46
Retiree + Family	\$579.86	\$31.28	\$611.14