

# 2019

## M O N T H L Y

**TOTAL  
PREMIUM**

**COLLEGE  
CONTRIB.**

**EMPLOYEE  
CONTRIB.**

### **PRE-65 RETIREES**

#### **Highmark Blue Shield Standard PPO**

RETIREE	\$594.47	\$535.02	\$59.45
SP/SURV SP/PARTNER	594.47	416.14	178.33
RETIREE+SP/PARTNER	1,632.45	1,093.96	538.49
RETIREE/CHILD	1,389.06	1,091.81	297.25
RETIREE/CHILDREN	1,460.29	1,143.40	316.89
FAMILY	1,703.67	1,144.42	559.25

#### **Highmark Blue Shield Low Deductible**

RETIREE	\$697.16	\$535.02	\$162.14
SP/SURV SP/PARTNER	697.16	416.14	281.02
RETIREE+SP/PARTNER	1,917.21	1,093.96	823.25
RETIREE/CHILD	1,631.38	1,091.81	539.57
RETIREE/CHILDREN	1,715.01	1,143.40	571.61
FAMILY	2,000.87	1,144.42	856.45

### **POST-65 RETIREES**

#### **Highmark FreedomBlue PPO**

RETIREE	\$279.00	\$251.10	\$27.90
SP/SURV SP/PARTNER	279.00	195.30	83.70

#### **Blue Cross Dental Plus**

SINGLE COVERAGE	\$38.57	-	\$38.57
TWO-PARTY	77.14	-	77.14
THREE OR MORE	99.76	-	99.76