

ALASKA RAILROAD

2025 BENEFIT GUIDE

Retiree at a Glance All Blue and Gold Plans

This *At-a-Glance Benefit Guide* provides an overview of medical and prescription drug benefits included in the Blue and Gold Plans for the plan year beginning January 1, 2025. The Blue Essentials Plan and Gold Essentials Plan are available for new enrollees. You can remain in the Blue Active, Gold Active or Grandfathered retiree plans if currently elected. However you cannot return should you switch to Essentials at any point.

This guide is a summary only. If there is a discrepancy between this document and the plans' official plan documents, the plan documents supersede this summary guide.

Your Medical Plans

- **GOLD PLANS** are Consumer-Directed Health Plans (HDHP).
- **BLUE PLANS** are Preferred Provider Plans (PPO).
- **COMPARE GOLD VS. BLUE PLANS.** Review the *At-a-Glance Benefit Comparison* table for details on how the plans differ.

Gold Plan Highlights

If you are enrolled in the **Gold** or the **Gold Essentials** Plans, your monthly premiums are lower than the Blue or Blue Essentials Plans, but your deductible is higher. (Reminder: The “deductible” is the amount you pay before the ARRC retiree plan starts sharing costs with you with what is called “coinsurance.”) Here are some key features of the **Gold / Gold Essentials** Plans:

	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,650 individual \$3,900 family	\$1,650 individual \$3,900 family
Annual Out-of-Pocket Maximum	\$5,300 individual \$12,900 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's Medicare allowed amount
Prescription Drugs	See Prescription Drug section.	

MEETING THE GOLD PLANS DEDUCTIBLE

You pay the entire amount of your doctor visits, medical procedures, some lab tests, and most prescriptions until you meet the annual **in-network** deductible.

For those enrolled in family coverage, the deductible applies to your entire family. When your family meets the deductible, coinsurance kicks in. For example, if the collective medical plan expenses of a family of four add up to \$3,900, you have met the annual deductible. Alternatively, if only one person has \$3,900 of expenses, then the family deductible has also been met.

MEETING THE GOLD PLANS ANNUAL OUT-OF-POCKET MAXIMUM

The plan's out-of-pocket maximum is the most you have to pay during the calendar year for eligible **in-network** health care services. Once you reach the maximum, the plan pays 100% of qualified medical expenses for the rest of the year. *There is no out-of-pocket maximum for out-of-network expenses.*

The individual **in-network** out-of-pocket maximum is \$5,300. (Note: If you enroll in family coverage, once one of your covered family members meets the \$5,300 individual maximum, the plan pays 100% of his/her qualified medical costs for the rest of the year.) The family **in-network** out-of-pocket maximum is \$12,900. Once attained, the plan pays 100% of qualified medical costs for care for all family members for the rest of the year.

Blue Plan Highlights

If you are enrolled in the **Blue** or the **Blue Essentials** Plans, your monthly premiums are higher than the Gold or Gold Essentials Plans, but your deductible is lower. (The "deductible" is the amount you pay before ARRC starts sharing costs with you with what is called "coinsurance.") Here are some key features of the **Blue / Blue Essentials** Plans:

	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,000 individual \$3,000 family	\$1,000 individual \$3,000 family
Annual Out-of-Pocket Maximum	\$3,500 individual \$10,500 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's allowed amount
Prescription Drugs	See Prescription Drug section	

MEETING THE BLUE PLANS DEDUCTIBLE

An annual **in-network** deductible applies for most services (e.g., doctor visits, medical procedures, and some lab tests). Once you meet the deductible, you and the plan share costs through coinsurance. Also, separate copays are required for your hospital admissions (\$250 per admission) and emergency room visits (\$100 per visit). These separate copays **do not** count toward your annual medical deductible.

For those enrolled in family coverage, the annual deductible applies to your entire family. When your family meets the deductible, coinsurance kicks in. For example, if the collective medical expenses of a family of four add up to \$3,000, you have met the annual family deductible. However, if one person in the family meets the individual deductible amount of \$1,000, coinsurance will kick in for his/her qualified medical costs.

MEETING THE BLUE PLANS ANNUAL OUT-OF-POCKET MAXIMUM

The **Blue** Plan out-of-pocket maximum is the most you have to pay during the calendar year for **in-network** health care services. Once you reach the maximum, the plan pays 100% of the qualified expenses for the rest of the year. *There is no out-of-pocket maximum for out-of-network expenses.*

The individual **in-network** out-of-pocket maximum is \$3,500. The family **in-network** out-of-pocket maximum is \$10,500. Once attained, the plan pays 100% of qualified medical costs for care for all family members for the rest of the year. However, take note that once one of your covered family members meets the \$3,500 individual maximum, the plan pays 100% of his/her qualified medical costs for the rest of the year.

Be Smart—and Informed—When Using Your Medical Plan

It Pays to Go In-Network!

You'll keep money in your pocket if you use Premera **in-network** providers (physicians, hospitals and providers of other health care services).

Coverage Limits for Out-of-Network Care

Premera has set a maximum allowable charge that Gold Plans and Blue Plans will cover for out-of-network services. In most cases, an out-of-network provider's charges are much higher than the plan's allowed amount. If you use an out-of-network provider, your out-of-pocket costs will be significantly greater, because you are responsible for paying your deductible, a higher coinsurance, and any charges that exceed the allowed amount.

Preferred Provider (in-network) - All Plans	Participating Provider (in-network) - All Plans	Non-contracted Provider (out-of-network)
Providers agree to discounted fees; your lowest out-of-pocket expense!	Providers agree to limit their fees to Premera's allowable charges for given services.	These providers do not have a contract or agreement with Premera. This is your most expensive option!
After you meet your deductible, you pay 20% coinsurance. Your share of coinsurance counts toward meeting your annual out-of-pocket maximum.	After you meet your deductible, you pay 40% coinsurance. Your share of coinsurance counts toward meeting your annual out-of-pocket maximum.	Blue and Gold Plans: After you meet your deductible, you and the plan share in the allowed amount for a given service. You pay 50% and the plan pays 50%. You are also responsible for any charges over the plan's allowed amount for a given service. Essentials Plans: The allowable amount is calculated based on 125% of the amount Medicare allows. Essentials Plans: Charges that you pay over the plans' allowable amount <i>DO NOT</i> count toward your annual out-of-pocket maximum.

To find providers that are Preferred or Participating, visit www.premera.com and click on “Find a Doctor.” If a provider isn’t listed, that means he or she is an out-of-network provider.

If there is no in-network provider within 50 miles of your home, contact Premera before seeking non-emergency care from an out-of-network provider.

Travel and Technology Options - All Plans

Voluntary Surgical Services (including Medical Travel) Benefit

If you need surgery, explore the **Lantern (previously Surgery Plus)** voluntary benefit that provides pre-planned, non-emergency surgical services. Many inpatient and outpatient procedures are eligible for this program. ARRC will waive the **Blue** Plans deductibles. In addition, ARRC will waive the coinsurance under both the **Gold Plans** and **Blue** plans if you take advantage of the program.

Lantern Care Advocates will make air and ground travel as well as lodging reservations for you and a companion. The program covers your travel expenses such as round-trip airfare, surface transportation, and lodging up to applicable IRS limits.

For a list of approved procedures and providers, call **Lantern** at 833-512-1172, or visit the **Lantern** online portal at my.lanternare.com

Doctor on Demand Virtual Medical Care

You and your eligible dependents can get immediate, convenient access to care — consultations, diagnoses and prescriptions — by phone or online video, whenever and wherever you need it from **Doctor on Demand**.

Doctor on Demand physicians can diagnose, recommend treatment and prescribe medication when appropriate for many non-urgent medical care issues. Common conditions that **Doctor on Demand** doctors can address include sinus problems, respiratory infections, allergies, urinary tract infections, cold and flu symptoms and other non-emergency illnesses.

The per-visit cost is waived for the **Blue** and **Blue Essentials** Plans. Beginning January 1, 2025, the **Gold** and **Gold Essentials** plans will have a copay until the deductible is met. Once the deductible is met the per-visit cost is waived.

For more information or to create an account, call 800-997-6196 or visit www.doctorondemand.com

Go Mobile and Online with Premera

Premera offers resources to help you make informed health care decisions and keep track of services you need. Get Premera Mobile. With this smart phone app, you can find a doctor, have a one-touch connection to the Nurse Line and customer service, and email proof of coverage to your provider. The free app is available for most smart phones.

Go paperless: Get your explanations of benefits and other documents electronically, while also lowering ARRC plan administrative expenses.

All Plans: Stay on the Right Track and Save Money with Wellness

You can save money by taking steps to improve your wellness.

Preventive Care Screenings: Make your appointment for 2025 today!

The Gold and Blue Plans pay 100% of preventive care when you visit a Premera “Preferred” network provider, even if you haven’t met your deductible. Here’s a short list of covered services:

- Diagnostic tests, such as for blood pressure, diabetes and cholesterol
- Age-appropriate check-ups
- Women’s health services and healthy pregnancy care
- Immunizations and flu shots
- Cancer screenings, such as mammograms, colonoscopies, prostate exams and Paptests
- Screening for depression

Your Prescription Drug Coverage

Essentials Pharmacy Plan

The **Gold Essentials** and **Blue Essentials** Plans use the innovative Essentials Pharmacy Plan formulary. This formulary does not cover some drugs. These are low-value, high-cost drugs, drugs that have lower-cost alternatives (including over-the-counter options), competing brands, and drugs that are considered to be priced at unacceptably high levels.

The Essentials formulary consists of four “tiers,” or levels of coverage, as noted in the table below. There is at least one drug within each drug class, and your doctor will have options to prescribe new preferred generic, preferred brand and preferred specialty medications. The formulary also includes some non-preferred medications available at a higher cost.

PREFERRED GENERIC	PREFERRED BRAND	PREFERRED SPECIALTY	NON-PREFERRED
The formulary’s lowest cost drugs have the same active ingredients—with the same quality, strength, effectiveness, and purity—as their brand-name versions.	These are certain brand-name drugs that do not yet have a generic equivalent. Your share of the cost is higher when compared to Preferred Generic.	These are certain drugs used to treat complex health conditions.	While included in the Essentials formulary, these drugs have preferred equivalents at a lower cost. You pay the highest share of the cost for these drugs.

The **Gold Essentials** Plan covers 100% of the cost of 192 preventive maintenance drugs—the list is available from Premera. For all other prescriptions, you pay the full cost until your medical plan deductible is met, then you pay 20% of the cost until you reach the annual in-network out-of-pocket maximum.

Under the **Blue Essentials** Plan, your share of the cost is based on the drug's formulary tier (see table on page 6). Here's what you can expect to pay for a prescription (30-day to 90-day supply):

Essentials Formulary Tier	Retail	Mail Order
Preferred Generic Drugs	30-day or 90-day supply: \$10 copay	N/A
Preferred Brand Name Drugs	30-day supply: You pay 20%, not to exceed \$75 per prescription	90-day supply: You pay 20%, not to exceed \$75 per prescription
Preferred Specialty Drugs	N/A	30-day supply: You pay 30%, not to exceed \$150 per prescription
Non-Preferred Brand Drugs	30-day supply: You pay 50%, not to exceed \$150 per prescription	90-day supply: You pay 50%, not to exceed \$150 per prescription

Non-Essentials Pharmacy Plan

The **Gold** and **Blue** Plans use a pharmacy formulary that includes four tiers that dictate drug cost and coverage. Tiers include Generic, Preferred Brand, Non-Preferred Brand and Specialty. Similar to the Gold Essentials Plan, pharmacy benefits under the **Gold** Plan cover 100% of the cost of certain preventive maintenance drugs. For all other prescriptions, you pay the full cost until your medical plan deductible is met, then you pay 20% of the cost until you reach the annual in-network out-of-pocket maximum. Under the **Blue** Plan, here's what you can expect to pay for a prescription (30-day to 90-day supply):

Non-Essentials Formulary Tier	Retail	Mail Order
Generic Drugs	30-day or 90-day supply: \$15 copay	N/A
Preferred Brand Name Drugs	30-day supply: You pay 20%, not to exceed \$75 per prescription	90-day supply: You pay 20%, not to exceed \$75 per prescription
Non-Preferred Brand Drugs	30-day supply: You pay 20%, not to exceed \$75 per prescription	30-day supply: You pay 50%, not to exceed \$75 per prescription
Specialty Drugs	N/A	30-day supply: You pay 30%, not to exceed \$75 per prescription

Additional Prescription Drug Coverage Considerations

While the four health plans cover prescription drugs differently, there are common considerations:

- **STEP THERAPY** — Some conditions, like arthritis, high blood pressure and allergies, require long-term medications. Step therapy is a way to start with medications at the lowest cost and lowest risk “step,” gradually “stepping up” to more expensive— and sometimes more risky—drugs, if necessary. If you’re starting a long-term medication that requires step therapy, we encourage you to learn as much as you can about your condition and medications so that you’re an active participant in managing your care.
- **“DISPENSE AS WRITTEN”** — If your doctor writes this on a prescription, your pharmacist cannot substitute a generic drug, even if one is available. You’ll pay the coinsurance and the difference in cost between the generic drug and brand name drug.
- **SPECIALTY DRUGS** — These are medications that typically cost more and treat complex conditions that require special handling and monitoring. If your doctor prescribes a specialty drug, you must fill that prescription through the specialty pharmacy — Accredo. If your prescription falls into the specialty category, you will receive a letter from Premera instructing you to use the specialty pharmacy.
- **MAIL ORDER** — You may buy many prescriptions through the mail order program, which is usually less than retail cost.

To find drugs included in either pharmacy formulary, go to www.premera.com and select **Covered Drugs** under the **Pharmacy** heading at the bottom of the page. In the **“Search for a Drug”** drop-down menu, select **E1/E4** for the **Blue Essentials** or the **Gold Essentials** Plan; and Select **B4** for the **Blue** Plan and also **B4** for the **Gold** Plan. Also find the **Gold** preventive maintenance drug lists on **Pharmacy** pages.

ALASKA RAILROAD

2025 AT-A-GLANCE COMPARISON Gold • Gold Essentials • Blue • Blue Essentials

Compare Plans. This table shows the basic differences and similarities between the **Gold**, **Blue**, **Gold Essentials** and **Blue Essentials** plans.

- **Gold** and **Gold Essentials** are Consumer Directed Health Plans (CDHP) that come with a Health Savings Account (HSA).
- **Blue** and **Blue Essentials** are Preferred Provider Plans (PPO).

Benefit or Plan Feature	Gold	Gold Essentials	Blue	Blue Essentials
Annual Deductible, in Network – I=Individual F=Family	\$1,650 I \$3,900 F	\$1,650 I \$3,900 F	\$1,000 I \$3,000 F	\$1,000 I \$3,000 F
Out-of-Pocket Maximum, In Network – I=Individual F=Family	\$5,300 I \$12,900 F	\$5,300 I \$12,900 F	\$3,500 I \$10,500 F	\$3,500 I \$10,500
Monthly Premium Costs	Lower	Lowest	Highest	Higher
Your Coinsurance for Premera Preferred Providers	20%	20%	20%	20%
Out-of-Network Coinsurance counts toward Out-of-Pocket	Yes	No	Yes	No
4-Tier Prescription coverage	Yes	Better Managed	Yes	Better Managed
Prescription coverage subject to Deductible	Yes	Yes	No	No
Covers 100% of preventive medications	192 medicines	192 medicines	No	No
Requires Prior Authorization for certain procedures	Yes	Yes	Yes	Yes
Voluntary Medical Travel	Yes	Yes	Yes	Yes
Additional Emergency Room fee	No	No	Yes - \$100	Yes - \$100
See a Specialist without a Referral	Yes	Yes	Yes	Yes
Access to NurseLine advice 24/7	Yes	Yes	Yes	Yes
Access to Premera Mobile, website and online tools	Yes	Yes	Yes	Yes
Access to Doctor on Demand virtual medical care	Coinsurance until deductible	Coinsurance until deductible	No fee	No fee
Access to Coalition Health Care Center	No	No	\$20 fee	\$20 fee

2025 RATES

Retiree

0%

Alaska Railroad Corporation

2024 Monthly Retiree Medical Premiums for Corporate Pension Retirees In Tier 1

This is a closed plan for new retirees.

	ARW, ATDA, TCU Age > 55 < 62	ARW, ATDA, TCU Age > 62 < 65	ARW, ATDA, TCU Age > 65	Non-Rep, UTU, IBT Age > 55 < 58	Non-Rep, UTU, IBT Age > 58 < 65	Non-Rep, UTU, IBT Age > 65
Retiree under 65	\$1,591.76	\$955.05	n/a	\$1,591.76	\$955.05	n/a
Retiree & Spouse both under 65	\$3,571.00	\$2,142.61	n/a	\$3,571.00	\$2,142.61	n/a
Retiree under 65 & Spouse over 65	\$2,977.15	\$1,786.30	n/a	\$2,977.15	\$1,786.30	n/a
Retiree under 65 + Child(ren)	\$3,571.00	\$2,142.61	n/a	\$3,571.00	\$2,142.61	n/a
Retiree under 65 & Spouse under 65 + Child(ren)	\$4,750.64	\$2,850.38	n/a	\$4,750.64	\$2,850.38	n/a
Retiree under 65 & Spouse over 65 + Child(ren)	\$4,156.86	\$2,494.12	n/a	\$4,156.86	\$2,494.12	n/a
Retiree over 65	n/a	n/a	\$773.61	n/a	n/a	\$773.61
Retiree & Spouse both over 65	n/a	n/a	\$1,526.29	n/a	n/a	\$1,526.29
Retiree over 65 & Spouse under 65	n/a	n/a	\$1,752.10	n/a	n/a	\$1,752.10
Retiree over 65 + Child(ren)	n/a	n/a	\$1,526.29	n/a	n/a	\$1,526.29
Retiree over 65 & Spouse over 65 + Child(ren)	n/a	n/a	\$2,278.91	n/a	n/a	\$2,278.91
Retiree over 65 & Spouse under 65 + Child(ren)	n/a	n/a	\$2,504.70	n/a	n/a	\$2,504.70

Alaska Railroad Corporation - OLD BLUE PLAN**2024 Monthly Retiree Medical Premiums for Corporate Pension Retirees In Tier 1 - Non-Rep, ARW, TCU, IBT, UTU****This is a closed plan for new retirees in 2024 and subsequent years.**

	ARW, ATDA, TCU	ARW, ATDA, TCU	ARW, TCU	Non-Rep, IBT, UTU	Non-Rep, IBT, UTU	Non-Rep, IBT, UTU
	Age > 55 < 62	Age > 62 < 65	Age > 65	Age > 55 < 58	Age > 58 < 65	Age > 65
Retiree under 65	\$1,320.18	\$792.11	n/a	\$1,320.18	\$792.11	n/a
Retiree & Spouse both under 65	\$2,950.31	\$1,770.19	n/a	\$2,950.31	\$1,770.19	n/a
Retiree under 65 & Spouse over 65	\$2,461.21	\$1,476.72	n/a	\$2,461.21	\$1,476.72	n/a
Retiree under 65 + Child(ren)	\$2,950.31	\$1,770.19	n/a	\$2,950.31	\$1,770.19	n/a
Retiree under 65 & Spouse under 65 + Child(ren)	\$3,921.89	\$2,353.13	n/a	\$3,921.89	\$2,353.13	n/a
Retiree under 65 & Spouse over 65 + Child(ren)	\$3,432.84	\$2,059.72	n/a	\$3,432.84	\$2,059.72	n/a
Retiree over 65	n/a	n/a	\$642.65	n/a	n/a	\$642.65
Retiree & Spouse both over 65	n/a	n/a	\$1,262.59	n/a	n/a	\$1,262.59
Retiree over 65 & Spouse under 65	n/a	n/a	\$1,448.56	n/a	n/a	\$1,448.56
Retiree over 65 + Child(ren)	n/a	n/a	\$1,262.58	n/a	n/a	\$1,262.58
Retiree over 65 & Spouse over 65 + Child(ren)	n/a	n/a	\$1,882.46	n/a	n/a	\$1,882.46
Retiree over 65 & Spouse under 65 + Child(ren)	n/a	n/a	\$2,068.44	n/a	n/a	\$2,068.44

Alaska Railroad Corporation - OLD GOLD PLAN**2024 Monthly Retiree Medical Premiums for Corporate Pension Retirees In Tier 1 - Non-Rep, ARW, TCU, IBT, UTU****This is a closed plan for new retirees in 2024 and subsequent years.**

	ARW, ATDA, TCU	ARW, ATDA, TCU	ARW, TCU	Non-Rep, IBT, UTU	Non-Rep, IBT, UTU	Non-Rep, IBT, UTU
	Age > 55 < 62	Age > 62 < 65	Age > 65	Age > 55 < 58	Age > 58 < 65	Age > 65
Retiree under 65	\$1,210.96	\$726.58	n/a	\$1,210.96	\$726.58	n/a
Retiree & Spouse both under 65	\$2,696.19	\$1,617.72	n/a	\$2,696.20	\$1,617.72	n/a
Retiree under 65 & Spouse over 65	\$2,250.57	\$1,350.34	n/a	\$2,250.57	\$1,350.34	n/a
Retiree under 65 + Child(ren)	\$2,696.19	\$1,617.72	n/a	\$2,696.20	\$1,617.72	n/a
Retiree under 65 & Spouse under 65 + Child(ren)	\$3,581.42	\$2,148.86	n/a	\$3,581.42	\$2,148.86	n/a
Retiree under 65 & Spouse over 65 + Child(ren)	\$3,135.86	\$1,881.52	n/a	\$3,135.85	\$1,881.52	n/a
Retiree over 65	n/a	n/a	\$590.42	n/a	n/a	\$590.42
Retiree & Spouse both over 65	n/a	n/a	\$1,155.25	n/a	n/a	\$1,155.25
Retiree over 65 & Spouse under 65	n/a	n/a	\$1,324.69	n/a	n/a	\$1,324.69
Retiree over 65 + Child(ren)	n/a	n/a	\$1,155.25	n/a	n/a	\$1,155.25
Retiree over 65 & Spouse over 65 + Child(ren)	n/a	n/a	\$1,720.02	n/a	n/a	\$1,720.02
Retiree over 65 & Spouse under 65 + Child(ren)	n/a	n/a	\$1,881.04	n/a	n/a	\$1,881.04

Alaska Railroad Corporation - ESSENTIALS BLUE PLAN

2025 Monthly Retiree Medical Premiums for Corporate Pension Retirees In Tier 1 - Non-Rep, ARW, ATDA, TCU, IBT, UTU

	ARW, ATDA, TCU	ARW, ATDA, TCU	ARW, TCU	Non-Rep, IBT, UTU	Non-Rep, IBT, UTU	Non-Rep, IBT, UTU
	Age > 55 < 62	Age > 62 < 65	Age > 65	Age > 55 < 58	Age > 58 < 65	Age > 65
Retiree under 65	\$1,254.17	\$752.50	n/a	\$1,254.17	\$752.50	n/a
Retiree & Spouse both under 65	\$2,802.80	\$1,681.68	n/a	\$2,802.80	\$1,681.68	n/a
Retiree under 65 & Spouse over 65	\$2,338.14	\$1,402.89	n/a	\$2,338.14	\$1,402.89	n/a
Retiree under 65 + Child(ren)	\$2,802.80	\$1,681.68	n/a	\$2,802.80	\$1,681.68	n/a
Retiree under 65 & Spouse under 65 + Child(ren)	\$3,725.79	\$2,235.48	n/a	\$3,725.79	\$2,235.48	n/a
Retiree under 65 & Spouse over 65 + Child(ren)	\$3,261.20	\$1,956.73	n/a	\$3,261.20	\$1,956.73	n/a
Retiree over 65	n/a	n/a	\$610.52	n/a	n/a	\$610.52
Retiree & Spouse both over 65	n/a	n/a	\$1,199.46	n/a	n/a	\$1,199.46
Retiree over 65 & Spouse under 65	n/a	n/a	\$1,376.13	n/a	n/a	\$1,376.13
Retiree over 65 + Child(ren)	n/a	n/a	\$1,199.46	n/a	n/a	\$1,199.46
Retiree over 65 & Spouse over 65 + Child(ren)	n/a	n/a	\$1,788.34	n/a	n/a	\$1,788.34
Retiree over 65 & Spouse under 65 + Child(ren)	n/a	n/a	\$1,965.02	n/a	n/a	\$1,965.02

Alaska Railroad Corporation - ESSENTIALS GOLD PLAN

2025 Monthly Retiree Medical Premiums for Corporate Pension Retirees In Tier 1 - Non-Rep, ARW, ATDA, TCU, IBT, UTU

	ARW, ATDA, TCU	ARW, ATDA, TCU	ARW, TCU	Non-Rep, IBT, UTU	Non-Rep, IBT, UTU	Non-Rep, IBT, UTU
	Age > 55 < 62	Age > 62 < 65	Age > 65	Age > 55 < 58	Age > 58 < 65	Age > 65
Retiree under 65	\$1,150.41	\$690.25	n/a	\$1,150.41	\$690.25	n/a
Retiree & Spouse both under 65	\$2,561.38	\$1,536.84	n/a	\$2,561.39	\$1,536.84	n/a
Retiree under 65 & Spouse over 65	\$2,138.04	\$1,282.83	n/a	\$2,138.04	\$1,282.83	n/a
Retiree under 65 + Child(ren)	\$2,561.38	\$1,536.84	n/a	\$2,561.39	\$1,536.84	n/a
Retiree under 65 & Spouse under 65 + Child(ren)	\$3,402.35	\$2,041.42	n/a	\$3,402.35	\$2,041.42	n/a
Retiree under 65 & Spouse over 65 + Child(ren)	\$2,979.07	\$1,787.44	n/a	\$2,979.06	\$1,787.44	n/a
Retiree over 65	n/a	n/a	\$560.90	n/a	n/a	\$560.90
Retiree & Spouse both over 65	n/a	n/a	\$1,097.49	n/a	n/a	\$1,097.49
Retiree over 65 & Spouse under 65	n/a	n/a	\$1,258.46	n/a	n/a	\$1,258.46
Retiree over 65 + Child(ren)	n/a	n/a	\$1,097.49	n/a	n/a	\$1,097.49
Retiree over 65 & Spouse over 65 + Child(ren)	n/a	n/a	\$1,634.02	n/a	n/a	\$1,634.02
Retiree over 65 & Spouse under 65 + Child(ren)	n/a	n/a	\$1,786.99	n/a	n/a	\$1,786.99

