

## 2024 Retiree Medical Rates

Tier	SAIF Medical Premium Rates	Retiree Medical Rates
<b>Providence PPO Well Aware and Engaged Plan (\$350 deductible)</b>		
Retiree participant only	\$744.90	\$744.90
Retiree participant + spouse or domestic partner	\$1,477.12	\$1,477.12
Retiree participant + child(ren)	\$1,364.34	\$1,364.34
Retiree participant + family (includes spouse or domestic partner)	\$2,240.99	\$2,240.99
<b>Providence PPO Well Aware Plan (\$850 deductible)</b>		
Retiree participant only	\$727.15	\$727.15
Retiree participant + spouse or domestic partner	\$1,442.91	\$1,442.91
Retiree participant + child(ren)	\$1,332.68	\$1,332.68
Retiree participant + family (includes spouse or domestic partner)	\$2,189.03	\$2,189.03
<b>Providence PPO Well Plan (\$1,350 deductible)</b>		
Retiree participant only	\$676.47	\$676.47
Retiree participant + spouse or domestic partner	\$1,341.55	\$1,341.55
Retiree participant + child(ren)	\$1,238.90	\$1,238.90
Retiree participant + family (includes spouse or domestic partner)	\$2,035.78	\$2,035.78
<b>Providence PPO Early Retiree Plan (\$1,500 deductible)</b>		
Retiree participant only	\$572.86	\$572.86
Retiree participant + spouse or domestic partner	\$1,135.40	\$1,135.40
Retiree participant + child(ren)	\$1,048.96	\$1,048.96
Retiree participant + family (includes spouse or domestic partner)	\$1,723.74	\$1,723.74
<b>Kaiser HMO Well Aware and Engaged Plan (\$350 deductible)</b>		
Retiree participant only	\$815.45	\$815.45
Retiree participant + spouse or domestic partner	\$1,630.90	\$1,630.90
Retiree participant + child(ren)	\$1,467.81	\$1,467.81
Retiree participant + family (includes spouse or domestic partner)	\$2,446.35	\$2,446.35
<b>Kaiser HMO Well Aware Plan (\$850 deductible)</b>		
Retiree participant only	\$813.23	\$813.23
Retiree participant + spouse or domestic partner	\$1,626.46	\$1,626.46
Retiree participant + child(ren)	\$1,463.82	\$1,463.82
Retiree participant + family (includes spouse or domestic partner)	\$2,439.69	\$2,439.69
<b>Kaiser HMO Well Plan (\$1,350 deductible)</b>		
Retiree participant only	\$793.22	\$793.22
Retiree participant + spouse or domestic partner	\$1,586.45	\$1,586.45
Retiree participant + child(ren)	\$1,427.80	\$1,427.80
Retiree participant + family (includes spouse or domestic partner)	\$2,379.67	\$2,379.67

**Health and Wellness Center:** If you enroll in one of SAIF's medical plans, Center services are free of charge and you do not have a monthly premium. You also have the option to enroll in the Center only without enrolling in one of SAIF's medical plans at a monthly premium cost for up to 18 months. Dependents cannot enroll in the Center as a standalone COBRA benefit; however, dependents are eligible to use the Center services at no additional cost if they are enrolled in one of SAIF's medical plans through COBRA. **The 2024 COBRA monthly premium is \$64.46.**

Please note: The Center is not a replacement for your primary care physician or a comprehensive health insurance plan. The Center provides certain routine, acute, and preventive care services as well as diagnosis and treatment of minor illnesses and injuries. You are financially responsible for any services not received at the Center, even if Center staff has referred you.