

Medicare Primary Plans for 100% Contributory Medicare Primary Subscribers (Direct Bill & Sponsored Dependent Groups)

Monthly Premium Rates January 1, 2024 - December 31, 2024	Humana		Base PPO Plan (70/30)	
	Group Medicare Advantage Plans		TOBACCO ATTESTATION COMPLETE?*	
	Base Plan	Enhanced Plan	YES	NO
MEDICARE PRIMARY FOR RETIREE AND ONE OR MORE DEPENDENTS				
Subscriber	\$4.00	\$73.00	\$448.74	\$508.74
Subscriber + Child(ren)	\$8.00	\$146.00	\$603.74	\$663.74
Subscriber + Spouse	\$8.00	\$146.00	\$873.74	\$933.74
Subscriber + Family	\$12.00	\$219.00	\$892.74	\$952.74
NON-MEDICARE PRIMARY FOR DEPENDENTS(S) - ENHANCED PPO PLAN (80/20)				
Subscriber + Child(ren)	\$259.00	\$328.00	\$703.74	\$763.74
Subscriber + Spouse	\$654.00	\$723.00	\$1,098.74	\$1,158.74
Subscriber + Family	\$674.00	\$743.00	\$1,118.74	\$1,178.74
NON-MEDICARE PRIMARY FOR DEPENDENTS(S) - BASE PPO PLAN (70/30)				
Subscriber + Child(ren)	\$222.00	\$291.00	\$666.74	\$726.74
Subscriber + Spouse	\$594.00	\$663.00	\$1,038.74	\$1,098.74
Subscriber + Family	\$602.00	\$671.00	\$1,046.74	\$1,106.74

Notes:

*Premium credit completed during enrollment period. COBRA only.