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

	Humana		Base PPO Plan (70/30)	
<b>Monthly Premium Rates</b> January 1, 2025 – December 31, 2025	Group Medicare Advantage Plans		TOBACCO ATTESTATION COMPLETE?*	
	Base Plan	Enhanced Plan	YES	NO
MEDICARE PRIMARY FOR RETIREE AND ONE OR MORE DEPENDENTS				
Subscriber	\$37.00	\$100.00	\$452.08	\$512.08
Subscriber + Child(ren)	\$74.00	\$200.00	\$607.08	\$667.08
Subscriber + Spouse	\$74.00	\$200.00	\$877.08	\$937.08
Subscriber + Family	\$111.00	\$300.00	\$896.08	\$956.08
NON-MEDICARE PRIMARY FOR DEPENDENTS(S) - ENHANCED PPO PLAN (80/20)				
Subscriber + Child(ren)	\$292.00	\$355.00	\$707.08	\$767.08
Subscriber + Spouse	\$687.00	\$750.00	\$1,102.08	\$1,162.08
Subscriber + Family	\$707.00	\$770.00	\$1,122.08	\$1,182.08
NON-MEDICARE PRIMARY FOR DEPENDENTS(S) - BASE PPO PLAN (70/30)				
Subscriber + Child(ren)	\$255.00	\$318.00	\$670.08	\$730.08
Subscriber + Spouse	\$627.00	\$690.00	\$1,042.08	\$1,102.08
Subscriber + Family	\$635.00	\$698.00	\$1,050.08	\$1,110.08

## Notes:

 $\$ \*Premium credit completed during enrollment period. COBRA only.

