

WINDSTREAM Rate Sheet - 2019 RETIREE Annual Enrollment

You CANNOT newly enroll in coverage that you did not have in 2018 (for instance, if you did not have retiree dental in 2018, you cannot elect it for 2019).

You CAN cancel or reduce your benefits during the Annual Enrollment period, or at any time in the year. However, once you cancel or reduce your benefit, you cannot re-enroll in the future.

Your new rates will become effective January 1, 2019.

MEDICAL - \$0 Subsidy - High

If you have at least one family member currently on your medical plan who will be age 65 or over on January 1, 2019, and that family member is enrolled or will be enrolled in a United Healthcare Medicare Solutions plan, please refer to the following rate chart. The below rates DO NOT include the cost of coverage for members over age 65. Medicare Solutions costs are provided by United Healthcare directly to members over age 65, and are not reflected in the amounts below.

Name of Carrier:	BCBS/UMR		Monthly Cost
Benefit Type:	Medical	RETIREE / SPOUSE ONLY	\$847.47
Plan Description:	\$1,850 Ded.	RETIREE + SPOUSE	\$1,694.93
Plan Year Start Date:	1/1/2019	CHILD(REN) ONLY	\$483.06
Plan Year End Date:	12/31/2019	RETIREE/SPOUSE + CHILD(REN)	\$1,330.52
		RETIREE + FAMILY	\$2,177.99
Name of Carrier:	BCBS/UMR		Monthly Cost
Benefit Type:	Medical	RETIREE / SPOUSE ONLY	\$769.13
Plan Description:	\$2,850 Ded.	RETIREE + SPOUSE	\$1,538.25
Plan Year Start Date:	1/1/2019	CHILD(REN) ONLY	\$438.40
Plan Year End Date:	12/31/2019	RETIREE/SPOUSE + CHILD(REN)	\$1,207.52
		RETIREE + FAMILY	\$1,976.65
Name of Carrier:	BCBS/UMR		Monthly Cost
Benefit Type:	Medical	RETIREE / SPOUSE ONLY	\$712.90
Plan Description:	\$4,500 Ded.	RETIREE + SPOUSE	\$1,425.79
Plan Year Start Date:	1/1/2019	CHILD(REN) ONLY	\$406.35
Plan Year End Date:	12/31/2019	RETIREE/SPOUSE + CHILD(REN)	\$1,119.24
		RETIREE + FAMILY	\$1,832.14
Name of Carrier:	BCBS/UMR		Monthly Cost
Benefit Type:	Medical	RETIREE / SPOUSE ONLY	\$696.24
Plan Description:	\$6,550 Ded.	RETIREE + SPOUSE	\$1,392.47
Plan Year Start Date:	1/1/2019	CHILD(REN) ONLY	\$396.85
Plan Year End Date:	12/31/2019	RETIREE/SPOUSE + CHILD(REN)	\$1,093.09
		RETIREE + FAMILY	\$1,789.32

DENTAL

Name of Carrier:	Delta Dental		Monthly Cost
Benefit Type:	Dental	RETIREE ONLY	\$16.42
Plan Description:	Basic Plan	RETIREE + SPOUSE	\$30.74
Plan Year Start Date:	1/1/2019	RETIREE + CHILD(REN)	\$29.18
Plan Year End Date:	12/31/2019	RETIREE + FAMILY	\$48.68
Name of Carrier:	Delta Dental		Monthly Cost
Benefit Type:	Dental	RETIREE ONLY	\$36.54
Plan Description:	Standard Plan	RETIREE + SPOUSE	\$74.18
Plan Year Start Date:	1/1/2019	RETIREE + CHILD(REN)	\$63.84
Plan Year End Date:	12/31/2019	RETIREE + FAMILY	\$114.06
Name of Carrier:	Delta Dental		Monthly Cost
Benefit Type:	Dental	RETIREE ONLY	\$39.76
Plan Description:	Enhanced w/\$1500 Ortho	RETIREE + SPOUSE	\$83.82
Plan Year Start Date:	1/1/2019	RETIREE + CHILD(REN)	\$71.98
Plan Year End Date:	12/31/2019	RETIREE + FAMILY	\$128.18

VISION

Name of Carrier:	VSP		Montly Cost
Benefit Type:	Vision Plan	RETIREE ONLY	\$5.08
Plan Description:	Materials Only	RETIREE + SPOUSE	\$7.86
Plan Year Start Date:	1/1/2019	RETIREE + CHILD(REN)	\$8.02
Plan Year End Date:	12/31/2019	RETIREE + FAMILY	\$12.93
Name of Carrier:	VSP		Montly Cost
Benefit Type:	Vision Plan	RETIREE ONLY	\$11.84
Plan Description:	Enhanced	RETIREE + SPOUSE	\$18.31
Plan Year Start Date:	1/1/2019	RETIREE + CHILD(REN)	\$18.70
Plan Year End Date:	12/31/2019	RETIREE + FAMILY	\$30.15