

**SCHOOLS INSURANCE GROUP  
HEALTH PLAN RATES  
January 1, 2024 Thru December 31, 2024**

**RETIREES OVER AGE 65**

<b>PLAN NAME</b>	<b>COVERAGE LEVEL</b>	<b>MONTHLY RATE</b>
United Healthcare Med Adv PPO	Retiree Only	\$372.00
	Retiree + Spouse (> 65 with Med)	\$744.00
Delta Dental Plan Composite Rate	Retiree Plus	\$99.00 – RTPA
		\$125.75 – CLASS/RAPA
VSP (Vision Plan) Composite Rate	Retiree Plus	\$22.70

\*\*All participants over the age of 65 must enroll in Medicare Parts A & B.