

## Premium Rates

(Active, Leave of Absence, and COBRA Members)

### October 1, 2024 – September 30, 2025

The following insurance premiums are the base rates set by the PEEHIP Board. **Base rates are before the wellness and tobacco premiums are applied, if applicable.**

#### PEEHIP Hospital Medical Plan & VIVA Health Plan (Base Rate\*)

##### Active Member

Individual	\$ 30
Individual plus non-spouse dependents (no spouse)	\$ 207*
Individual plus spouse only (no other dependents)	\$ 282
Individual plus spouse plus other dependents	\$ 307

##### Member on LOA/COBRA

Individual	\$ 598
Family	\$1,514

\*Spouses dually eligible for PEEHIP enrolled in family coverage qualify for this premium tier.

#### Tobacco Premium and Wellness Premium

	Tobacco	Wellness
Member	\$ 50	\$ 50
Spouse	\$ 50	\$ 50

Refer to the [Wellness Programs](#) section to learn how a member and/or their spouse can receive the non-tobacco user discount and wellness premium waiver.

#### Optional Coverage Plan Premiums

Cancer, Indemnity, and Vision	Individual or Family (cost per plan)	\$ 38 (each)
Dental	Individual	\$ 38
Dental	Family	\$ 50

#### PEEHIP Supplemental Medical Plan

##### Active Member

Individual or Family	\$ 0
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##### Member on LOA/COBRA

Individual or Family	\$ 185
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## Premium Rate Changes for Fiscal Year 2025

For the charts below, ME refers to Medicare-Eligible while NME refers to Non-Medicare-Eligible.

### COBRA and Leave of Absence Hospital Medical or VIVA Health Plan Rates

Individual	\$ 598
Family	\$1,514
Supplemental Medical Plan (Individual or Family)	\$ 185

### Surviving Spouse/Dependent Hospital Medical or VIVA Health Plan Rates

Individual/Non-Medicare-eligible (NME) Survivor	\$1,001
Family/NME Survivor & More Than 1 Dependent or Only Dependent NME	\$1,586
Family/NME Survivor & Only Dependent Medicare-eligible (ME)	\$1,172
Individual/ME Survivor	\$ 65
Family/ME Survivor & More Than 1 Dependent or Only Dependent NME	\$ 896
Family/Medicare-eligible Survivor & Only Dependent ME	\$ 130
Supplemental Medical Plan (Individual or Family)	\$ 185

For purpose of the charts below, NME designates "non-Medicare-eligible" and ME designates "Medicare-eligible."

Coverage Type	Premium if Retiree Subscriber is NME	Premium if Retiree Subscriber is ME
Individual Coverage:	\$200	\$ 25
Family Coverage:		
NME dependent(s) but no spouse	\$455	\$280
NME dependent(s) and NME spouse	\$555	\$380
NME dependent(s) and ME spouse	\$455	\$280
NME spouse only	\$530	\$355
ME spouse only	\$265	\$ 90
Non-spousal ME dependent only	\$265	\$ 90
Non-spousal ME dependent and ME spouse	\$330	\$155

These rates apply to the PEEHIP Hospital Medical Plan, the VIVA Health Plan, and the Medicare Advantage PPO Plan for Medicare-eligible retired members and Medicare-eligible dependents and is the monthly amount that will be deducted from a retiree's benefit. The VIVA Health Plan is not available to retired members who are Medicare-eligible or retired members with dependents who are Medicare-eligible.