

# 2025 Retiree and COBRA Premiums Madison River

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**Madison River Retiree Premium rate sheets included in this document:**

- Madison River (Access Only Group 12, 6-MZ and 7-MU)
- COBRA Active Premiums
- COBRA Retiree Premiums

Please locate your applicable Madison River Retiree Premium rate sheet. If you have trouble determining which Premium rate sheet applies to you, please refer to the **Retiree Healthcare and Life Benefits Matrix** on [lumenbenefits.com](https://lumenbenefits.com) or in the **Reference Center** on the [Health and Life website](#) to determine your group.

**Note:** References to a Spouse in the below charts include an eligible/enrolled Domestic Partner (DP).

**Important:** The Retiree must be enrolled for a Spouse, Domestic Partner (DP) and/or Child(ren) to be covered. If the Retiree suspends or waives, dependents will also be suspended or waived.

Premiums for Spouse only, Child only, and Spouse & Child(ren) are based on split-families where families have both Medicare eligible and non-Medicare eligible participants. If the Retiree enrolls in the Lumen Medicare Advantage PPO plus Dental (MAPD) Plan, they will suspend the Dental plan because the MAPD Plan offers Dental coverage. The retiree's dependents who are not Medicare eligible can remain in Dental coverage. If the Retiree suspends Dental coverage for reasons other than enrolling in the MAPD Plan, the retiree's dependents will also be suspended.

## Madison River (Group 12 Access Only, 6-MZ and 7-MU)

\* Certain eligible Madison River retirees from certain locations receive a subsidy credit (Health Reimbursement Account - HRA) that will offset your monthly premiums for medical and/or dental coverage. The non-Medicare subsidy credit is \$10 per month (for certain years of service), which is applied to the non-Medicare medical contributions.

### Retiree Non-Medicare Medical plans and total monthly premiums (Access Only Group 12)

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren) Only
<b>Surest Health PPO</b>	\$1,236.84	\$1,236.84	\$2,473.68	\$1,793.42	\$1,793.42	\$3,030.26	\$556.58
<b>Surest Select Health PPO</b>	\$1,261.60	\$1,261.60	\$2,523.21	\$1,829.32	\$1,829.32	\$3,090.92	\$567.72
<b>High Deductible Health Plan (HDHP)</b>	\$1,224.49	\$1,224.49	\$2,448.99	\$1,775.52	\$1,775.52	\$3,000.01	\$551.03

### Retiree Non-Medicare Surest Health PPO monthly contribution (6-MZ and 7-MU)

Subsidy Credit	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren) Only
<b>1</b>	\$1,226.84	\$1,226.84	\$2,463.68	\$1,783.42	\$1,783.42	\$3,020.26	\$546.58
<b>2</b>	\$1,216.84	\$1,216.84	\$2,453.68	\$1,773.42	\$1,773.42	\$3,010.26	\$536.58
<b>3</b>	\$1,206.84	\$1,206.84	\$2,443.68	\$1,763.42	\$1,763.42	\$3,000.26	\$526.58
<b>4</b>	\$1,196.84	\$1,196.84	\$2,433.68	\$1,753.42	\$1,753.42	\$2,990.26	\$516.58
<b>5</b>	\$1,186.84	\$1,186.84	\$2,423.68	\$1,743.42	\$1,743.42	\$2,980.26	\$506.58
<b>6</b>	\$1,176.84	\$1,176.84	\$2,413.68	\$1,733.42	\$1,733.42	\$2,970.26	\$496.58
<b>7</b>	\$1,166.84	\$1,166.84	\$2,403.68	\$1,723.42	\$1,723.42	\$2,960.26	\$486.58
<b>8</b>	\$1,156.84	\$1,156.84	\$2,393.68	\$1,713.42	\$1,713.42	\$2,950.26	\$476.58
<b>9</b>	\$1,146.84	\$1,146.84	\$2,383.68	\$1,703.42	\$1,703.42	\$2,940.26	\$466.58
<b>10</b>	\$1,136.84	\$1,136.84	\$2,373.68	\$1,693.42	\$1,693.42	\$2,930.26	\$456.58

**Retiree Non-Medicare Surest Select Health PPO monthly contribution (6-MZ and 7-MU)**

Subsidy Credit	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren) Only
1	\$1,251.60	\$1,251.60	\$2,513.21	\$1,819.32	\$1,819.32	\$3,080.92	\$557.72
2	\$1,241.60	\$1,241.60	\$2,503.21	\$1,809.32	\$1,809.32	\$3,070.92	\$547.72
3	\$1,231.60	\$1,231.60	\$2,493.21	\$1,799.32	\$1,799.32	\$3,060.92	\$537.72
4	\$1,221.60	\$1,221.60	\$2,483.21	\$1,789.32	\$1,789.32	\$3,050.92	\$527.72
5	\$1,211.60	\$1,211.60	\$2,473.21	\$1,779.32	\$1,779.32	\$3,040.92	\$517.72
6	\$1,201.60	\$1,201.60	\$2,463.21	\$1,769.32	\$1,769.32	\$3,030.92	\$507.72
7	\$1,191.60	\$1,191.60	\$2,453.21	\$1,759.32	\$1,759.32	\$3,020.92	\$497.72
8	\$1,181.60	\$1,181.60	\$2,443.21	\$1,749.32	\$1,749.32	\$3,010.92	\$487.72
9	\$1,171.60	\$1,171.60	\$2,433.21	\$1,739.32	\$1,739.32	\$3,000.92	\$477.72
10	\$1,161.60	\$1,161.60	\$2,423.21	\$1,729.32	\$1,729.32	\$2,990.92	\$467.72

**Retiree Non-Medicare HDHP monthly contribution (6-MZ and 7-MU)**

Subsidy Credit	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren) Only
1	\$1,214.49	\$1,214.49	\$2,438.99	\$1,765.52	\$1,765.52	\$2,990.01	\$541.03
2	\$1,204.49	\$1,204.49	\$2,428.99	\$1,755.52	\$1,755.52	\$2,980.01	\$531.03
3	\$1,194.49	\$1,194.49	\$2,418.99	\$1,745.52	\$1,745.52	\$2,970.01	\$521.03
4	\$1,184.49	\$1,184.49	\$2,408.99	\$1,735.52	\$1,735.52	\$2,960.01	\$511.03
5	\$1,174.49	\$1,174.49	\$2,398.99	\$1,725.52	\$1,725.52	\$2,950.01	\$501.03
6	\$1,164.49	\$1,164.49	\$2,388.99	\$1,715.52	\$1,715.52	\$2,940.01	\$491.03
7	\$1,154.49	\$1,154.49	\$2,378.99	\$1,705.52	\$1,705.52	\$2,930.01	\$481.03
8	\$1,144.49	\$1,144.49	\$2,368.99	\$1,695.52	\$1,695.52	\$2,920.01	\$471.03
9	\$1,134.49	\$1,134.49	\$2,358.99	\$1,685.52	\$1,685.52	\$2,910.01	\$461.03
10	\$1,124.49	\$1,124.49	\$2,348.99	\$1,675.52	\$1,675.52	\$2,900.01	\$451.03

**Lumen Medicare Advantage PPO plus Dental (MAPD) Plan total monthly premium (6-MZ and 7-MU)**

Medicare eligible individuals have the option to elect the MAPD plan in lieu of electing the Lumen Medicare Health Reimbursement Account (HRA) - company contributions. Retiree’s monthly contributions for this plan are:

Monthly Contributions for the MAPD Plan	You Only	Spouse Only	You + Spouse	You + Spouse + Child	You + Spouse + Children	You + Child	You + Children	Spouse + Child	Spouse + Children	Child Only	Children Only
<b>Subsidy Credit</b>											
<b>1</b>	\$194.80	\$194.80	\$389.60	\$584.40	\$779.20	\$389.60	\$584.40	\$389.60	\$584.40	\$194.80	\$389.60
<b>2</b>	\$190.80	\$190.80	\$381.60	\$572.40	\$763.20	\$381.60	\$572.40	\$381.60	\$572.40	\$190.80	\$381.60
<b>3</b>	\$186.80	\$186.80	\$373.60	\$560.40	\$747.20	\$373.60	\$560.40	\$373.60	\$560.40	\$186.80	\$373.60
<b>4</b>	\$182.80	\$182.80	\$365.60	\$548.40	\$731.20	\$365.60	\$548.40	\$365.60	\$548.40	\$182.80	\$365.60
<b>5</b>	\$178.80	\$178.80	\$357.60	\$536.40	\$715.20	\$357.60	\$536.40	\$357.60	\$536.40	\$178.80	\$357.60
<b>6</b>	\$174.80	\$174.80	\$349.60	\$524.40	\$699.20	\$349.60	\$524.40	\$349.60	\$524.40	\$174.80	\$349.60
<b>7</b>	\$170.80	\$170.80	\$341.60	\$512.40	\$683.20	\$341.60	\$512.40	\$341.60	\$512.40	\$170.80	\$341.60
<b>8</b>	\$166.80	\$166.80	\$333.60	\$500.40	\$667.20	\$333.60	\$500.40	\$333.60	\$500.40	\$166.80	\$333.60
<b>9</b>	\$162.80	\$162.80	\$325.60	\$488.40	\$651.20	\$325.60	\$488.40	\$325.60	\$488.40	\$162.80	\$325.60
<b>10</b>	\$158.80	\$158.80	\$317.60	\$476.40	\$635.20	\$317.60	\$476.40	\$317.60	\$476.40	\$158.80	\$317.60

**Dental Plan total monthly premiums (Access Only Group 12, 6-MZ and 7-MU)**

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren) Only
<b>Dental</b>	\$39.87	\$39.87	\$79.75	\$69.78	\$69.78	\$119.62	\$29.90

Medicare eligible retirees or dependents should contact Via Benefits at 888-825-4252 to enroll in a Medicare Supplement Plan if not enrolling in MAPD plan.

**Note:** Access Only - Medicare Eligible - no longer eligible for Lumen retiree healthcare benefits when you become Medicare eligible. i.e. medical (MAPD), HRA, CDHP HRA or Dental.

## 2025 Total Monthly Active COBRA Premiums

Medical	Employee	EE+ Spouse	EE+ Child(ren)	EE+ Family	Spouse Only	Spouse+ Child(ren)	Child(ren) Only
<b>Surest Health PPO</b>	\$810.28	\$1,701.58	\$1,458.53	\$2,349.83	\$891.31	\$1,539.55	\$648.25
<b>Surest Select Health PPO</b>	\$826.49	\$1,735.62	\$1,487.70	\$2,396.83	\$909.14	\$1,570.34	\$661.22
<b>HDHP with Optional HSA</b>	\$802.18	\$1,684.58	\$1,443.94	\$2,326.33	\$882.40	\$1,524.16	\$641.76

Dental	Employee	EE+ Spouse	EE+ Child(ren)	EE+ Family	Spouse Only	Spouse+ Child(ren)	Child(ren) Only
<b>Dental Option 1</b>	\$31.55	\$72.63	\$78.94	\$120.00	\$41.09	\$88.45	\$47.39
<b>Dental Option 2</b>	\$39.02	\$89.80	\$97.60	\$148.35	\$50.79	\$109.33	\$58.59

Vision	Employee	EE+ Spouse	EE+ Child(ren)	EE+ Family	Spouse Only	Spouse+ Child(ren)	Child(ren) Only
<b>Vision</b>	\$7.98	\$16.73	\$14.41	\$23.12	\$8.75	\$15.15	\$6.44

## 2025 Total Monthly Retiree COBRA Premiums

### Non-Medicare Medical plans and COBRA monthly premiums

	Retiree only	Spouse /DP only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren) Only
<b>Surest Health PPO</b>	\$1,261.58	\$1,261.58	\$2,523.15	\$1,829.29	\$1,829.29	\$3,090.87	\$567.71
<b>Surest Select Health PPO</b>	\$1,286.83	\$1,286.83	\$2,573.67	\$1,865.91	\$1,865.91	\$3,152.74	\$579.07
<b>High Deductible Health Plan (HDHP)</b>	\$1,248.98	\$1,248.98	\$2,497.97	\$1,811.03	\$1,811.03	\$3,060.01	\$562.05

### Lumen Medicare Advantage PPO plus Dental (MAPD) Plan monthly premium

Per Covered Medicare Individual in the MAPD Plan	
<b>MAPD</b>	\$202.78

### Dental Plan COBRA monthly premium

	Retiree Only	Spouse Only	Retiree & Spouse	Retiree & Child(ren)	Spouse & Child(ren)	Retiree & Family	Child(ren) Only
<b>Dental</b>	\$40.67	\$40.67	\$81.34	\$71.17	\$71.17	\$122.01	\$30.50

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