



2022 Monthly Subscriber Premiums

Medicare Advantage Plan

Medicare Retirees/Survivors, Long-Term Disability
& Terminated Vested Subscribers

(with Medicare Dependent(s), if applicable)

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Important Note About MCHCP Contributions

Those with Medicare will be enrolled in the Medicare Advantage Plan. Premiums listed in this guide do reflect the MCHCP contribution, and are what subscribers will owe each month. The contribution is based on level of coverage, creditable years of service at retirement and Medicare status.

To review the MCHCP contribution amount or calculate premiums, log into myMCHCP. If you need additional help determining your premium, contact MCHCP Member Services at 800-487-0771. If you have more than three dependents, contact MCHCP for the premium amount for coverage.

Medicare Advantage Plan

Retired Subscriber After July 1, 2002

<i>Years of Service</i>	Retiree/ Survivor	Retiree/Survivor & 1 Dependent	Retiree/Survivor & 2 Dependents	Retiree/Survivor & 3 Dependents
1 year	\$207	\$413	\$620	\$827
2 years	201	403	604	805
3 years	196	392	588	784
4 years	191	382	573	764
5 years	185	371	556	741
6 years	180	360	540	720
7 years	175	350	525	700
8 years	170	339	509	679
9 years	164	329	493	657
10 years	159	318	477	636
11 years	154	307	461	615
12 years	148	297	445	593
13 years	143	286	429	572
14 years	138	276	414	552
15 years	132	265	397	529
16 years	127	254	381	508
17 years	122	244	366	488
18 years	117	233	350	467
19 years	111	223	334	445
20 years	106	212	318	424
21 years	101	201	302	403
22 years	95	191	286	381
23 years	90	180	270	360
24 years	85	170	255	340
25 years	79	159	238	317
26 years or more	74	148	222	296

Retired Subscriber Before July 1, 2002

<i>Years of Service</i>	Retiree/ Survivor	Retiree/Survivor & Spouse
1–22 years	\$94	\$191
23 years	90	180
24 years	85	170
25 years	79	159
26 years or more	74	148

Non-Retired Subscriber Categories

	Subscriber	Subscriber & Spouse
Long-Term Disability	\$94	\$191
Terminated Vested	212	424

Dental and Vision

Dental Premiums

Subscriber Only		Subscriber and Spouse		Subscriber and Child(ren)		Subscriber and Family	
\$24.08		\$47.94		\$49.76		\$83.40	

Vision Premiums

Subscriber Only		Subscriber and Spouse		Subscriber and Child(ren)		Subscriber and Family	
Basic Plan	Premium Plan	Basic Plan	Premium Plan	Basic Plan	Premium Plan	Basic Plan	Premium Plan
\$3.70	\$4.67	\$7.41	\$9.33	\$10.68	\$13.47	\$15.24	\$19.22