



**LEE COUNTY BOARD OF COUNTY COMMISSIONERS  
Retiree Monthly Premiums – with Subsidy  
PLAN YEAR 2024**

**\*\*Medical Subsidy Eligibility:** Effective 01/01/2019, BOCC Employees who have six (6) or more years of consecutive BOCC employment prior to retirement are eligible to receive the Medical Subsidy. If the criteria for the subsidy is not met, the retiree pays the Total Monthly Premium Cost.

**The medical rates below are a la carte. Please add the appropriate “Retiree’s Share” premiums to calculate the total monthly amount for your elected coverage tier premium. For example, for a Retiree who has Medicare with a Spouse who does not have Medicare, please add \$493.60+\$397.50 to get the total monthly amount owed = \$891.10.**

<b>Aetna Select &amp; Aetna POS2 Retiree Medical Premiums</b>	<b>**County Share</b>	<b>**Retiree’s Share</b>	<b>Total Cost</b>
Retiree Only - No Medicare	\$590.00	\$590.00	\$1,180.00
Retiree Only w/Medicare	\$493.60	\$493.60	\$ 987.20
Spouse Only - No Medicare	\$397.50	\$397.50	\$ 795.00
Spouse Only w/Medicare	\$301.10	\$301.10	\$ 602.20
Dependent Only - No Medicare	\$382.50	\$382.50	\$ 765.00
Dependent Only w/Medicare	\$286.10	\$286.10	\$ 572.20
Family Only – No Medicare	\$405.00	\$405.00	\$ 810.00
Family Only w/Medicare	\$308.60	\$308.60	\$ 617.20

<b><u>AETNA - DENTAL PREMIUMS</u></b>	
Retiree Only	\$ 42.00
Retiree + Spouse and/or Dependent(s)	\$ 77.00

<b><u>VSP – VISION PREMIUMS</u></b>	
Retiree Only – Low Option	\$ 8.45
Retiree + Spouse and/or Dependents – Low Option	\$ 16.45
Retiree Only – High Option	\$ 14.70
Retiree + Spouse and/or Dependents – High Option	\$ 28.07

<b>RETIREE LIFE INSURANCE - \$5,000.00 (limited)</b>	<b>\$ 13.35</b>
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Medical Medicare Premium Rates are calculated on the premium rate of \$96.40, as last approved by the Board of County Commissioners. The Board subsidizes this rate upon proof of enrollment in Medicare Part B, in addition to 50% of the total cost of our medical plan for retirees.