**2022 Health Insurance Plan Retiree Quick Reference**

**HRA with Via Benefits**

**Years of Service\*** **Annual HRA Contribution**

|  |  |
| --- | --- |
| 30+ | $1,692 |
| 20-29 | $864 |
| 1-19 | $0 |

Retirees under age 65 will receive a subsidy for the HRA amount that would be received for years of service over 65 up to 3 dependents to be used to purchase coverage outside the active health plan or to use toward the full premium for remaining on the active health plan

**Subsidy Amount**

**Years of Service Single Only Family 2 Family 3**

|  |  |  |  |
| --- | --- | --- | --- |
| 30+ | $141/month $1,692/year | $282/month  $3,384/year | $423/month  $5,076/year |
| 20-29 | $72/month  $864/year | $144/month  $1,728/year | $216/month  $2,592/year |
| 1-19 | $0 | $0 | $0 |

**Active Plan Premium**

**Years of Service Single Only Family 2 Family 3**

|  |  |  |  |
| --- | --- | --- | --- |
| 30+ | $864 | $1,814 | $2,328 |
| 20-29 | $933 | $1,952 | $2,535 |
| 1-19 | $1,005 | $2,096 | $2,751 |
| WOC annual HSA contributions | $1,000 | $2,000 | $2,000 |

All premiums are collected via automatic withdrawal (ACH) on either the 2nd or the 15th of each month or the first business day after if those days should fall on a weekend/holiday.

For questions and assistance regarding Benefits & Plan Design please contact Drew Leinberger at 614.844.6200 ext. 10312 or by email at [Dleinberger@wocumc.org](mailto:DLeinberger@wocumc.org).

For questions and assistance regarding Billing please contact Rhonda Tyree at 614.844.6200 ext. 10310 or by email at rtyree@wocumc.org.

\*Years of service toward retirement eligibility as defined in paragraph 357.2 from the Book of Discipline