

Your monthly premium amount is based on your years of service with Salt Lake County. Premium is the same for PEHP and SelectHealth Traditional & HDHP plans.

You may make changes within your previously selected benefits, such as the addition of a spouse or the removal of a child who is no longer a dependent. You may not add coverage that has been previously waived.

HOW TO ENROLL

Go to: <https://pshcm.slcounty.org>

Enter your username:

RET-first initial and last name

Example: Joe Smith is RET-jsmith

Enter your password:

Date of Birth (MMDDYYYY)

2024 Monthly Retiree Premiums

Retirees, under age 65. Less than 18-months post-retirement.

Traditional Medical Plan	20+ Yrs	18-19 Yrs	16-17 Yrs	14-15 Yrs	12-13 Yrs	10-11 Yrs	7-9 Yrs	4-6 Yrs	0-4 Yrs
Retiree Only	162.00	244.88	327.75	410.63	493.50	576.38	659.25	742.13	825.00
Retiree and One Dependent	1150.00	1232.88	1315.75	1398.63	1481.50	1564.38	1647.25	1730.13	1813.00
Retiree and Two or More Dependents	1779.00	1861.88	1944.75	2027.63	2110.50	2193.38	2276.25	2359.13	2442.00

High Deductible Medical Plan	20+ Yrs	18-19 Yrs	16-17 Yrs	14-15 Yrs	12-13 Yrs	10-11 Yrs	7-9 Yrs	4-6 Yrs	0-4 Yrs
Retiree Only	10.00	74.63	139.25	203.88	268.50	333.13	397.75	462.38	527.00
Retiree and One Dependent	998.00	1062.63	1127.25	1191.88	1256.50	1321.13	1385.75	1450.38	1515.00
Retiree and Two or More Dependents	998.00	1062.63	1127.25	1191.88	1256.50	1321.13	1385.75	1450.38	1515.00

Dental Plan (CIGNA)	20+ Yrs	18-19 Yrs	16-17 Yrs	14-15 Yrs	12-13 Yrs	10-11 Yrs	7-9 Yrs	4-6 Yrs	0-4 Yrs
Retiree Only	12.54	18.24	23.94	29.64	35.34	41.04	46.74	52.44	58.14
Retiree and One Dependent	28.86	34.56	40.26	45.96	51.66	57.36	63.06	68.76	74.46
Retiree and Two or More Dependents	66.60	72.30	78.00	83.70	89.40	95.10	100.80	106.50	112.20



Find additional information online at <https://slco.org/human-resources> or contact Benefits at benefits@slco.org with any questions

Last revised 10/17/2023

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 Date of Birth (MMDDYYYY)

2024 Monthly Retiree Premiums

Retirees, under age 65. More than 19-months post-retirement.

Traditional Medical Plan	20+ Yrs	18-19 Yrs	16-17 Yrs	14-15 Yrs	12-13 Yrs	10-11 Yrs	7-9 Yrs	4-6 Yrs	0-4 Yrs
Retiree Only	470.00	552.88	635.75	718.63	801.50	884.38	967.25	1050.13	1133.00
Retiree and One Dependent	1825.00	1907.88	1990.75	2073.63	2156.50	2239.38	2322.25	2405.13	2488.00
Retiree and Two or More Dependents	2689.00	2771.88	2854.75	2937.63	3020.50	3103.38	3186.25	3269.13	3352.00

High Deductible Medical Plan	20+ Yrs	18-19 Yrs	16-17 Yrs	14-15 Yrs	12-13 Yrs	10-11 Yrs	7-9 Yrs	4-6 Yrs	0-4 Yrs
Retiree Only	207.00	271.63	336.25	400.88	465.50	530.13	594.75	659.38	724.00
Retiree and One Dependent	1562.00	1626.63	1691.25	1755.88	1820.50	1885.13	1949.75	2014.38	2079.00
Retiree and Two or More Dependents	1562.00	1626.63	1691.25	1755.88	1820.50	1885.13	1949.75	2014.38	2079.00

Dental Plan (CIGNA)	20+ Yrs	18-19 Yrs	16-17 Yrs	14-15 Yrs	12-13 Yrs	10-11 Yrs	7-9 Yrs	4-6 Yrs	0-4 Yrs
Retiree Only	34.20	39.90	45.60	51.30	57.00	62.70	68.40	74.10	79.80
Retiree and One Dependent	56.60	62.30	68.00	73.70	79.40	85.10	90.80	96.50	102.20
Retiree and Two or More Dependents	108.40	114.10	119.80	125.50	131.20	136.90	142.60	148.30	154.00



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