



INTERCONTINENTAL EXCHANGE/NYSE 2023 RETIREE BENEFIT PLAN CONTRIBUTION AMOUNTS

Rates Effective January 1, 2024

Medical Plan Rates

	MEDICARE ELIGIBLE BLUE PLAN RATE TIERS			
	1	2	3	4
*COVERAGE				
SINGLE	\$0.00	\$48.00	\$73.00	\$121.00
TWO-PERSON	\$0.00	\$96.00	\$144.00	\$241.00
FAMILY	\$0.00	\$144.00	\$217.00	\$363.00

Non-Medicare Eligible

	ANTHEM PPO	
	RATE TIERS	
*COVERAGE	1	2
SINGLE	\$0.00	\$323.00
TWO-PERSON	\$0.00	\$644.00
FAMILY	\$0.00	\$953.00

	Anthem High Deductible	
	RATE TIERS	
*COVERAGE	1	2
SINGLE	\$0.00	\$243.00
TWO-PERSON	\$0.00	\$483.00
FAMILY	\$0.00	\$725.00

* Coverage rate tier is based on your date of retirement.

*The total monthly premium for a family with both Medicare eligible and non-Medicare eligible members is the the cost of the Medicare eligible Blue Plan plus the cost of the Non-Medicare eligible plan. Premium is based on the number of people enrolled in each plan.

Dental Plan Rates - Rates Effective January 1, 2024

The below Dental rates are applicable only to retirees eligible for Dental.

Please note, if you were not offered retiree dental at the time of your retirement, you are not eligible for this coverage.

Retirement date prior to 01/01/2008

*COVERAGE	RATE
SINGLE	\$15.00
RETIREE & SPOUSE	\$35.00
RETIREE & CHILD(REN)	\$32.00
FAMILY	\$53.00

Retirement dates on or after 01/01/2008

*COVERAGE	RATE
SINGLE	\$55.42
RETIREE & SPOUSE	\$110.82
RETIREE & CHILD(REN)	\$99.74
FAMILY	\$155.16