

COBRA

MEDICAL, DENTAL AND VISION MONTHLY CONTRIBUTIONS JANUARY 2021 - DECEMBER 2021

LEVEL OF COVERAGE	MEDICAL				DENTAL		VISION	
	SDHP	PPO	EPO	NON-NETWORK	BASIC	PLUS	BASIC	PLUS
EMPLOYEE								
Employee Only	\$564.06	\$667.08	\$728.28	\$668.10	\$46.92	\$54.06	\$6.51	\$16.48
Employee and Spouse	\$1,436.16	\$1,702.38	\$1,857.42	\$1,702.38	\$75.48	\$87.72	\$12.48	\$31.56
Employee and Child(ren)	\$1,340.28	\$1,590.18	\$1,735.02	\$1,590.18	\$79.56	\$94.86	\$13.04	\$32.97
Employee and Family	\$2,213.40	\$2,623.44	\$2,865.18	\$2,624.46	\$124.44	\$131.58	\$20.11	\$50.86
RETIREE/SURVIVING SPOUSE NOT ELIGIBLE FOR MEDICARE								
Retiree Only or Surviving Spouse Only or Surviving Child Only	\$1,000.62	\$1,184.22	\$1,235.22	\$1,184.22	\$43.86	\$47.94	\$6.51	\$16.48
Retiree and Spouse	\$2,005.32	\$2,374.56	\$2,474.52	\$2,374.56	\$76.50	\$89.76	\$12.48	\$31.56
Retiree and Child(ren) or Surviving Spouse and Child(ren) or Surviving Children Only	\$1,704.42	\$2,019.60	\$2,106.30	\$2,019.60	\$77.52	\$90.78	\$13.04	\$32.97
Retiree and Family	\$2,405.16	\$2,846.82	\$2,969.22	\$2,846.82	\$112.20	\$125.46	\$20.11	\$50.86
DISABILITY RETIREE ELIGIBLE FOR MEDICARE								
Retiree on Medicare Only or Surviving Spouse on Medicare Only	N/A	N/A	N/A	\$1,667.70	\$43.86	\$47.94	\$6.51	\$16.48
Retiree on Medicare and Spouse	N/A	N/A	N/A	\$2,703.00	\$76.50	\$89.76	\$12.48	\$31.56
Retiree on Medicare and Child(ren) or Surviving Spouse on Medicare and Child(ren)	N/A	N/A	N/A	\$2,590.80	\$77.52	\$90.78	\$13.04	\$32.97
Retiree on Medicare and Family	N/A	N/A	N/A	\$3,624.06	\$112.20	\$125.46	\$20.11	\$50.86
CONNECTOR MODEL RETIREE/DEPENDENTS NOT ELIGIBLE FOR MEDICARE								
Retiree Only or Spouse Only	\$1,000.62	\$1,184.22	\$1,235.22	\$1,184.22	\$43.86	\$47.94	\$6.51	\$16.48
Child(ren) Only	\$703.80	\$835.38	\$871.08	\$835.38	\$33.66	\$42.84	\$6.51	\$16.48
Retiree and Child(ren) or Spouse and Child(ren)	\$1,704.42	\$2,019.60	\$2,106.30	\$2,019.60	\$77.52	\$90.78	\$13.04	\$32.97