

COBRA

MEDICAL, DENTAL AND VISION MONTHLY CONTRIBUTIONS JANUARY 2020 - DECEMBER 2020

LEVEL OF COVERAGE	MEDICAL				DENTAL		VISION	
	SDHP	PPO	EPO	NON-NETWORK	BASIC	PLUS	BASIC	PLUS
EMPLOYEE								
Employee Only	\$537.54	\$636.48	\$694.62	\$636.48	\$45.90	\$53.04	\$6.51	\$11.89
Employee and Spouse	\$1,368.84	\$1,622.82	\$1,770.72	\$1,622.82	\$73.44	\$84.66	\$12.48	\$22.79
Employee and Child(ren)	\$1,277.04	\$1,515.72	\$1,653.42	\$1,515.72	\$77.52	\$91.80	\$13.04	\$23.81
Employee and Family	\$2,109.36	\$2,501.04	\$2,730.54	\$2,501.04	\$120.36	\$127.50	\$20.11	\$36.72
RETIREE/SURVIVING SPOUSE NOT ELIGIBLE FOR MEDICARE								
Retiree Only or Surviving Spouse Only or Surviving Child Only	\$906.78	\$1,073.04	\$1,118.94	\$1,073.04	\$41.82	\$45.90	\$6.51	\$11.89
Retiree and Spouse	\$1,816.62	\$2,151.18	\$2,241.96	\$2,151.18	\$72.42	\$84.66	\$12.48	\$22.79
Retiree and Child(ren) or Surviving Spouse and Child(ren) or Surviving Children Only	\$1,544.28	\$1,829.88	\$1,908.42	\$1,829.88	\$73.44	\$85.68	\$13.04	\$23.81
Retiree and Family	\$2,178.72	\$2,579.58	\$2,689.74	\$2,579.58	\$107.10	\$119.34	\$20.11	\$36.72
DISABILITY RETIREE ELIGIBLE FOR MEDICARE								
Retiree on Medicare Only or Surviving Spouse on Medicare Only	N/A	N/A	N/A	\$1,591.20	\$41.82	\$45.90	\$6.51	\$11.89
Retiree on Medicare and Spouse	N/A	N/A	N/A	\$2,577.54	\$72.42	\$84.66	\$12.48	\$22.79
Retiree on Medicare and Child(ren) or Surviving Spouse on Medicare and Child(ren)	N/A	N/A	N/A	\$2,470.44	\$73.44	\$85.68	\$13.04	\$23.81
Retiree on Medicare and Family	N/A	N/A	N/A	\$3,455.76	\$107.10	\$119.34	\$20.11	\$36.72
CONNECTOR MODEL RETIREE/DEPENDENTS NOT ELIGIBLE FOR MEDICARE								
Retiree Only or Spouse Only	\$906.78	\$1,073.04	\$1,118.94	\$1,073.04	\$41.82	\$45.90	\$6.51	\$11.89
Child(ren) Only	\$637.50	\$756.84	\$789.48	\$756.84	\$31.62	\$39.78	\$6.51	\$11.89
Retiree and Child(ren) or Spouse and Child(ren)	\$1,544.28	\$1,829.88	\$1,908.42	\$1,829.88	\$73.44	\$85.68	\$13.04	\$23.81