

COBRA

MEDICAL, DENTAL AND VISION MONTHLY CONTRIBUTIONS JANUARY 2018 - DECEMBER 2018

LEVEL OF COVERAGE	MEDICAL				DENTAL		VISION	
	EPO	PPO	NON-NETWORK	SDHP	BASIC	PLUS	BASIC	PLUS
EMPLOYEE								
Employee Only	\$658.92	\$602.82	\$602.82	\$508.98	\$40.80	\$46.92	\$6.51	\$11.89
Employee and Spouse	\$1,677.90	\$1,538.16	\$1,538.16	\$1,297.44	\$67.32	\$76.50	\$12.48	\$22.79
Employee and Child(ren)	\$1,566.72	\$1,436.16	\$1,436.16	\$1,210.74	\$72.42	\$83.64	\$13.04	\$23.81
Employee and Family	\$2,587.74	\$2,370.48	\$2,370.48	\$1,999.20	\$109.14	\$117.30	\$20.11	\$36.72
RETIREE/SURVIVING SPOUSE NOT ELIGIBLE FOR MEDICARE								
Retiree Only or Surviving Spouse Only or Surviving Child Only	\$1,141.38	\$1,095.48	\$1,095.48	\$925.14	\$41.82	\$45.90	\$6.51	\$11.89
Retiree and Spouse	\$2,287.86	\$2,194.02	\$2,194.02	\$1,853.34	\$72.42	\$84.66	\$12.48	\$22.79
Retiree and Child(ren) or Surviving Spouse and Child(ren) or Surviving Children Only	\$1,947.18	\$1,866.60	\$1,866.60	\$1,575.90	\$73.44	\$85.68	\$13.04	\$23.81
Retiree and Family	\$2,743.80	\$2,631.60	\$2,631.60	\$2,222.58	\$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	\$1,507.56	N/A	\$41.82	\$45.90	\$6.51	\$11.89
Retiree on Medicare and Spouse	N/A	N/A	\$2,442.90	N/A	\$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	\$2,340.90	N/A	\$73.44	\$85.68	\$13.04	\$23.81
Retiree on Medicare and Family	N/A	N/A	\$3,275.22	N/A	\$107.10	\$119.34	\$20.11	\$36.72
CONNECTOR MODEL RETIREE/DEPENDENTS NOT ELIGIBLE FOR MEDICARE								
Retiree Only or Spouse Only	\$1,141.38	\$1,095.48	\$1,095.48	\$925.14	\$41.82	\$45.90	\$6.51	\$11.89
Child(ren) Only	\$805.80	\$771.12	\$771.12	\$650.76	\$31.62	\$39.78	\$6.51	\$11.89
Retiree and Child(ren) or Spouse and Child(ren)	\$1,947.18	\$1,866.60	\$1,866.60	\$1,575.90	\$73.44	\$85.68	\$13.04	\$23.81