

COBRA

MEDICAL, DENTAL AND VISION MONTHLY CONTRIBUTIONS JANUARY 2019 - DECEMBER 2019

LEVEL OF COVERAGE	MEDICAL				DENTAL		VISION	
	EPO	PPO	NON-NETWORK	SDHP	BASIC	PLUS	BASIC	PLUS
EMPLOYEE								
Employee Only	\$694.62	\$636.48	\$636.48	\$537.54	\$42.84	\$48.96	\$6.51	\$11.89
Employee and Spouse	\$1,770.72	\$1,622.82	\$1,622.82	\$1,368.84	\$68.34	\$77.52	\$12.48	\$22.79
Employee and Child(ren)	\$1,653.42	\$1,515.72	\$1,515.72	\$1,277.04	\$71.40	\$84.66	\$13.04	\$23.81
Employee and Family	\$2,730.54	\$2,501.04	\$2,501.04	\$2,109.36	\$111.18	\$118.32	\$20.11	\$36.72
RETIREE/SURVIVING SPOUSE NOT ELIGIBLE FOR MEDICARE								
Retiree Only or Surviving Spouse Only or Surviving Child Only	\$1,208.70	\$1,158.72	\$1,158.72	\$979.20	\$41.82	\$45.90	\$6.51	\$11.89
Retiree and Spouse	\$2,421.48	\$2,322.54	\$2,322.54	\$1,961.46	\$72.42	\$84.66	\$12.48	\$22.79
Retiree and Child(ren) or Surviving Spouse and Child(ren) or Surviving Children Only	\$2,061.42	\$1,975.74	\$1,975.74	\$1,667.70	\$73.44	\$85.68	\$13.04	\$23.81
Retiree and Family	\$2,904.96	\$2,785.62	\$2,785.62	\$2,353.14	\$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	\$1,591.20	N/A	\$41.82	\$45.90	\$6.51	\$11.89
Retiree on Medicare and Spouse	N/A	N/A	\$2,577.54	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	\$2,470.44	N/A	\$73.44	\$85.68	\$13.04	\$23.81
Retiree on Medicare and Family	N/A	N/A	\$3,455.76	N/A	\$107.10	\$119.34	\$20.11	\$36.72
CONNECTOR MODEL RETIREE/DEPENDENTS NOT ELIGIBLE FOR MEDICARE								
Retiree Only or Spouse Only	\$1,208.70	\$1,158.72	\$1,158.72	\$979.20	\$41.82	\$45.90	\$6.51	\$11.89
Child(ren) Only	\$852.72	\$817.02	\$817.02	\$688.50	\$31.62	\$39.78	\$6.51	\$11.89
Retiree and Child(ren) or Spouse and Child(ren)	\$2,061.42	\$1,975.74	\$1,975.74	\$1,667.70	\$73.44	\$85.68	\$13.04	\$23.81