

## BENEFIT ELIGIBILITY LIST 2020: COBRA/RETIREE RATES

*Premium Amounts Are Per Month*

HEALTH INSURANCE	COBRA Monthly Premiums		Retiree Monthly Premiums
<b>TRADITIONAL PREFERRED PROVIDER OPTION #1</b>	MEMBER PAYS:		RETIREE PAYS
SINGLE PPO HEALTH	\$674.22		\$713.88
EMPLOYEE + SPOUSE PPO HEALTH	\$1,415.76		\$1,499.04
EMPLOYEE + CHILDREN PPO HEALTH	\$1,247.29		\$1,320.66
EMPLOYEE + FAMILY PPO HEALTH	\$1,900.94		\$2,012.76
<b>STANDARD HIGH DEDUCTIBLE PLAN OPTION #2</b>	MEMBER PAYS:		RETIREE PAYS
SINGLE HDHP HEALTH	\$553.61		\$586.17
EMPLOYEE + SPOUSE HDHP HEALTH	\$1,162.55		\$1,230.93
EMPLOYEE + CHILDREN HDHP HEALTH	\$1,023.40		\$1,083.60
EMPLOYEE + FAMILY HDHP HEALTH	\$1,560.18		\$1,651.95
<b>CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION #3</b>	MEMBER PAYS:		RETIREE PAYS
SINGLE HDHP HEALTH	\$486.03		\$514.62
EMPLOYEE + SPOUSE HDHP HEALTH	\$1,017.62		\$1,077.48
EMPLOYEE + CHILDREN HDHP HEALTH	\$895.48		\$948.15
EMPLOYEE + FAMILY HDHP HEALTH	\$1,365.95		\$1,446.30
<b>NHN NETWORK HIGH DEDUCTIBLE PLAN OPTION #4</b>	MEMBER PAYS:		RETIREE PAYS
SINGLE HDHP HEALTH	\$495.21		\$524.34
EMPLOYEE + SPOUSE HDHP HEALTH	\$1,036.83		\$1,097.82
EMPLOYEE + CHILDREN HDHP HEALTH	\$912.39		\$966.06
EMPLOYEE + FAMILY HDHP HEALTH	\$1,391.79		\$1,473.66
<b>DENTAL INSURANCE*</b>	MEMBER PAYS:		RETIREE PAYS
SINGLE DENTAL	\$29.58		\$31.32
EMPLOYEE + SPOUSE DENTAL	\$65.28		\$69.12
EMPLOYEE + CHILDREN DENTAL	\$57.29		\$60.66
EMPLOYEE + FAMILY DENTAL	\$87.64		\$92.79
<b>VISION INSURANCE*</b>	MEMBER PAYS:		RETIREE PAYS
SINGLE VISION	\$6.68		N/A
EMPLOYEE + SPOUSE VISION	\$12.71		N/A
EMPLOYEE + CHILDREN VISION	\$13.38		N/A
EMPLOYEE + FAMILY VISION	\$19.67		N/A