

BENEFIT ELIGIBILITY LIST 2019: COBRA/RETIREE RATES

Premium Amounts are per month

HEALTH INSURANCE	COBRA Monthly Premiums	Retiree Monthly Premiums
TRADITIONAL PREFERRED PROVIDER OPTION #1	MEMBER PAYS:	RETIREE PAYS
SINGLE PPO HEALTH	\$604.69	\$634.33
EMPLOYEE + SPOUSE PPO HEALTH	\$1,269.82	\$1,332.06
EMPLOYEE + CHILDREN PPO HEALTH	\$1,118.69	\$1,173.52
EMPLOYEE + FAMILY PPO HEALTH	\$1,705.02	\$1,788.59
STANDARD HIGH DEDUCTIBLE PLAN OPTION #2	MEMBER PAYS:	RETIREE PAYS
SINGLE HDHP HEALTH	\$505.58	\$530.36
EMPLOYEE + SPOUSE HDHP HEALTH	\$1,061.74	\$1,113.78
EMPLOYEE + CHILDREN HDHP HEALTH	\$934.66	\$980.48
EMPLOYEE + FAMILY HDHP HEALTH	\$1,424.94	\$1,494.79
CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION #3	MEMBER PAYS:	RETIREE PAYS
SINGLE HDHP HEALTH	\$460.70	\$483.28
EMPLOYEE + SPOUSE HDHP HEALTH	\$964.58	\$1,011.86
EMPLOYEE + CHILDREN HDHP HEALTH	\$848.81	\$890.42
EMPLOYEE + FAMILY HDHP HEALTH	\$1,294.81	\$1,358.28
DENTAL INSURANCE*	MEMBER PAYS:	RETIREE PAYS
SINGLE DENTAL	\$27.20	\$28.53
EMPLOYEE + SPOUSE DENTAL	\$59.93	\$62.86
EMPLOYEE + CHILDREN DENTAL	\$52.62	\$55.19
EMPLOYEE + FAMILY DENTAL	\$80.50	\$84.44
VISION INSURANCE*	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