

BENEFIT ELIGIBILITY LIST 2021: 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	\$731.60		\$781.80
EMPLOYEE + SPOUSE PPO HEALTH	\$1,536.12		\$1,641.54
EMPLOYEE + CHILDREN PPO HEALTH	\$1,353.37		\$1,446.25
EMPLOYEE + FAMILY PPO HEALTH	\$2,062.53		\$2,204.07
STANDARD HIGH DEDUCTIBLE PLAN OPTION #2	MEMBER PAYS:		RETIREE PAYS
SINGLE HDHP HEALTH	\$600.70		\$641.92
EMPLOYEE + SPOUSE HDHP HEALTH	\$1,261.40		\$1,347.97
EMPLOYEE + CHILDREN HDHP HEALTH	\$1,110.44		\$1,186.65
EMPLOYEE + FAMILY HDHP HEALTH	\$1,692.86		\$1,809.04
CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION #3	MEMBER PAYS:		RETIREE PAYS
SINGLE HDHP HEALTH	\$527.43		\$563.62
EMPLOYEE + SPOUSE HDHP HEALTH	\$1,104.15		\$1,179.93
EMPLOYEE + CHILDREN HDHP HEALTH	\$971.64		\$1,038.32
EMPLOYEE + FAMILY HDHP HEALTH	\$1,482.06		\$1,583.77
NHN NETWORK HIGH DEDUCTIBLE PLAN OPTION #4	MEMBER PAYS:		RETIREE PAYS
SINGLE HDHP HEALTH	\$537.37		\$574.25
EMPLOYEE + SPOUSE HDHP HEALTH	\$1,124.98		\$1,202.18
EMPLOYEE + CHILDREN HDHP HEALTH	\$990.00		\$1,057.94
EMPLOYEE + FAMILY HDHP HEALTH	\$1,510.11		\$1,613.75
DENTAL INSURANCE*	MEMBER PAYS:		RETIREE PAYS
SINGLE DENTAL	\$29.58		\$31.61
EMPLOYEE + SPOUSE DENTAL	\$65.28		\$69.76
EMPLOYEE + CHILDREN DENTAL	\$57.29		\$61.22
EMPLOYEE + FAMILY DENTAL	\$87.64		\$93.65
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