

BENEFIT ELIGIBILITY LIST 2017: 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	\$543.66		\$559.65
EMPLOYEE + SPOUSE PPO HEALTH	\$1,141.38		\$1,174.95
EMPLOYEE + CHILDREN PPO HEALTH	\$1,005.72		\$1,035.30
EMPLOYEE + FAMILY PPO HEALTH	\$1,532.04		\$1,577.10
STANDARD HIGH DEDUCTIBLE PLAN OPTION #2	MEMBER PAYS:		RETIREE PAYS
SINGLE HDHP HEALTH	\$418.20		\$430.50
EMPLOYEE + SPOUSE HDHP HEALTH	\$877.20		\$903.00
EMPLOYEE + CHILDREN HDHP HEALTH	\$772.14		\$794.85
EMPLOYEE + FAMILY HDHP HEALTH	\$1,177.08		\$1,211.70
CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION #3	MEMBER PAYS:		RETIREE PAYS
SINGLE HDHP HEALTH	\$381.48		\$392.70
EMPLOYEE + SPOUSE HDHP HEALTH	\$798.66		\$822.15
EMPLOYEE + CHILDREN HDHP HEALTH	\$702.78		\$723.45
EMPLOYEE + FAMILY HDHP HEALTH	\$1,072.02		\$1,103.55
DENTAL INSURANCE*	MEMBER PAYS:		RETIREE PAYS
SINGLE DENTAL	\$23.35		\$23.35
EMPLOYEE + SPOUSE DENTAL	\$51.43		\$51.43
EMPLOYEE + CHILDREN DENTAL	\$45.17		\$45.17
EMPLOYEE + FAMILY DENTAL	\$69.12		\$69.12
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