

BENEFIT ELIGIBILITY LIST 2018: 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	\$589.05		\$612.15
EMPLOYEE + SPOUSE PPO HEALTH	\$1,237.01		\$1,285.52
EMPLOYEE + CHILDREN PPO HEALTH	\$1,089.79		\$1,132.52
EMPLOYEE + FAMILY PPO HEALTH	\$1,661.07		\$1,726.21
STANDARD HIGH DEDUCTIBLE PLAN OPTION #2	MEMBER PAYS:		RETIREE PAYS
SINGLE HDHP HEALTH	\$497.00		\$516.49
EMPLOYEE + SPOUSE HDHP HEALTH	\$1,043.72		\$1,084.65
EMPLOYEE + CHILDREN HDHP HEALTH	\$918.85		\$954.88
EMPLOYEE + FAMILY HDHP HEALTH	\$1,400.80		\$1,455.73
CHI NETWORK HIGH DEDUCTIBLE PLAN OPTION #3	MEMBER PAYS:		RETIREE PAYS
SINGLE HDHP HEALTH	\$453.98		\$471.79
EMPLOYEE + SPOUSE HDHP HEALTH	\$950.47		\$987.74
EMPLOYEE + CHILDREN HDHP HEALTH	\$836.32		\$869.11
EMPLOYEE + FAMILY HDHP HEALTH	\$1,275.77		\$1,325.80
DENTAL INSURANCE*	MEMBER PAYS:		RETIREE PAYS
SINGLE DENTAL	\$25.67		\$26.68
EMPLOYEE + SPOUSE DENTAL	\$56.61		\$58.83
EMPLOYEE + CHILDREN DENTAL	\$49.73		\$51.68
EMPLOYEE + FAMILY DENTAL	\$75.99		\$78.97
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