

**COBRA Participants**

**Monthly Insurance Premium Rates**

**Effective January 1, 2020 - December 31, 2020**

**Medical Plans**

<b>BlueSelect Plus High Deductible</b>	<b>Premium</b>
Member Only	\$577.32
Member & Spouse	\$1,186.26
Member & Child(ren)	\$1,015.92
Full Family	\$1,749.30
<b>Preferred Care Blue High Deductible</b>	<b>Premium</b>
Member Only	\$632.40
Member & Spouse	\$1,299.48
Member & Child(ren)	\$1,113.84
Full Family	\$1,916.58
<b>HMO</b>	<b>Premium</b>
Member Only	\$850.68
Member & Spouse	\$1,741.14
Member & Child(ren)	\$1,495.32
Full Family	\$2,569.38
<b>EPO</b>	<b>Premium</b>
Member Only	\$894.54
Member & Spouse	\$1,833.96
Member & Child(ren)	\$1,573.86
Full Family	\$2,707.08

**Dental Plans**

<b>Basic Plan</b>	<b>Premium</b>
Member Only	\$19.20
Member & Spouse	\$38.41
Member & Child(ren)	\$52.63
Full Family	\$71.07
<b>Buy-Up Plan</b>	<b>Premium</b>
Member Only	\$36.25
Member & Spouse	\$71.81
Member & Child(ren)	\$100.69
Full Family	\$134.21

**Vision Plans**

<b>Basic Plan</b>	<b>Premium</b>
Member Only	\$12.12
Member & Spouse	\$19.01
Member & Child(ren)	\$18.75
Full Family	\$30.23
<b>Buy-Up Plan</b>	<b>Premium</b>
Member Only	\$19.33
Member & Spouse	\$30.33
Member & Child(ren)	\$29.93
Full Family	\$48.25

<b>Employee Assistance Program (EAP)</b>	<b>Premium</b>
Full Family	\$2.45