

Monthly COBRA Rates (includes 2% admin) Plan Year 2019: January 1, 2019 - December 31, 2019

MEDICAL/RX PLAN RATES (SAL, O&M, CLERICAL & CAR)

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Premium	\$896.28	\$1,747.72	\$1,604.33	\$2,455.80
Preferred	\$740.22	\$1,443.42	\$1,325.02	\$2,028.18
Economy	\$663.09	\$1,293.05	\$1,186.93	\$1,816.90

MEDICAL/RX PLAN RATES (IBEW)

Plan	Employee Only	Employee + Family
Premium	\$896.28	\$2,015.14
Preferred	\$740.22	\$1,664.28
Economy	\$663.09	\$1,490.86

MEDICAL/RX PLAN RATES - RETIREE/SURVIVING SPOUSES

Monthly Retiree Rates	Premium		Preferred		Economy	
Tier 3 Retired 12/1/04 & After	Single	Family	Single	Family	Single	Family
Tier 3 Non Medicare	\$1,084.54	\$2,390.57	\$895.68	\$2,013.79	\$802.38	\$1,804.00
Tier 3 Medicare	\$721.11	\$1,413.37	\$622.86	\$1,220.83	\$581.44	\$1,139.54

MEDICARE ADVANTAGE PLAN RATES (RETIREEES)

Plan	Employee Only	Per Add'l Family Member
GHP Advantra	\$299.00	\$299.00
UHC Secure Horizons	\$306.11	\$306.11

DENTAL PLAN RATES (SALARIED EMPLOYEES)

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
High Option	\$21.45	\$42.91	\$63.26	\$85.41
Low Option	\$13.53	\$27.08	\$41.23	\$55.64

DENTAL PLAN RATES (HOURLY EMPLOYEES)

Plan	Employee Only	Employee + Family
High Option	\$21.45	\$66.74
Low Option	\$13.53	\$41.29

VISION RATES (ALL EMPLOYEES)

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$4.00	\$7.60	\$8.00	\$11.77