

LOCAL GOVERNMENT RATES CY2017		BLUE CROSS BLUE SHIELD REGULAR						COBRA					
Rate		Preferred Rates			Standard Rates			Preferred Rates			Standard Rates		
		Employee Share	Dependent Share	Total	Employee Share	Dependent Share	Total	Employee Share	Dependent Share	Total	Employee Share	Dependent Share	Total
Active Rates													
A	Active subscriber	\$ 444		\$ 444	\$ 485		\$ 485	\$ 452		\$ 452	\$ 494		\$ 494
B	Active subscriber & dependent	\$ 444	\$ 638	\$ 1,082	\$ 485	\$ 738	\$ 1,223	\$ 452	\$ 650	\$ 1,102	\$ 494	\$ 752	\$ 1,246
J	Active subscriber (no dental)	\$ 423		\$ 423	\$ 464		\$ 464	\$ 431		\$ 431	\$ 473		\$ 473
K	Active subscriber & dependent (no dental)	\$ 423	\$ 607	\$ 1,030	\$ 464	\$ 707	\$ 1,171	\$ 431	\$ 619	\$ 1,050	\$ 473	\$ 721	\$ 1,194
Retiree Rates													
H	Retired subscriber (not Medicare)	\$ 916		\$ 916	\$ 934		\$ 934	\$ 934		\$ 934	\$ 785		\$ 1,719
I	Retired subscriber (not Medicare) & dependent (not Medicare)	\$ 916	\$ 770	\$ 1,686	\$ 934	\$ 785	\$ 1,719	\$ 934	\$ 460	\$ 1,394	\$ 785	\$ 752	\$ 1,537
C	Retired subscriber (not Medicare) & dependent (Medicare)	\$ 916	\$ 452	\$ 1,368	\$ 934	\$ 460	\$ 1,394	\$ 934	\$ 460	\$ 1,394	\$ 785	\$ 752	\$ 1,537
L	Retired subscriber (not Medicare) (no dental)	\$ 895		\$ 895	\$ 913		\$ 913	\$ 913		\$ 913	\$ 754		\$ 1,667
M	Retired subscriber (not Medicare) & dependent (not Medicare) (no dental)	\$ 895	\$ 739	\$ 1,634	\$ 913	\$ 754	\$ 1,667	\$ 913	\$ 429	\$ 1,342	\$ 754	\$ 721	\$ 1,475
N	Retired subscriber (not Medicare) & dependent (Medicare) (no dental)	\$ 895	\$ 421	\$ 1,316	\$ 913	\$ 429	\$ 1,342	\$ 913	\$ 429	\$ 1,342	\$ 754	\$ 721	\$ 1,475
D	Retired subscriber (Medicare)	\$ 442		\$ 442	\$ 450		\$ 450	\$ 450		\$ 450	\$ 648		\$ 1,098
E	Retired subscriber (Medicare) & dependent (not Medicare)	\$ 442	\$ 636	\$ 1,078	\$ 450	\$ 648	\$ 1,098	\$ 450	\$ 460	\$ 910	\$ 648	\$ 721	\$ 1,369
F	Retired subscriber (Medicare) & dependent (Medicare)	\$ 442	\$ 452	\$ 894	\$ 450	\$ 460	\$ 910	\$ 450	\$ 460	\$ 910	\$ 648	\$ 721	\$ 1,369
O	Retired subscriber (Medicare) (no dental)	\$ 421		\$ 421	\$ 429		\$ 429	\$ 429		\$ 429	\$ 617		\$ 1,046
P	Retired subscriber (Medicare) & dependent (not Medicare) (no dental)	\$ 421	\$ 605	\$ 1,026	\$ 429	\$ 617	\$ 1,046	\$ 429	\$ 429	\$ 858	\$ 617	\$ 721	\$ 1,338
Q	Retired subscriber (Medicare) & dependent (Medicare) (no dental)	\$ 421	\$ 421	\$ 842	\$ 429	\$ 429	\$ 858	\$ 429	\$ 429	\$ 858	\$ 617	\$ 721	\$ 1,338
U	COBRA Disabled (Single)				\$ 666		\$ 666	\$ 666		\$ 666	\$ 727		\$ 727
W	COBRA Disabled (Family)				\$ 666	\$ 650	\$ 1,316	\$ 666	\$ 650	\$ 1,316	\$ 727	\$ 752	\$ 1,479
U	COBRA Disabled (Single) (no dental)				\$ 635		\$ 635	\$ 635		\$ 635	\$ 696		\$ 696
W	COBRA Disabled (Family) (no dental)				\$ 635	\$ 619	\$ 1,254	\$ 635	\$ 619	\$ 1,254	\$ 696	\$ 721	\$ 1,417

		SOUTHLAND		
		Employee Share	Dependent Share	Total
	Vision	\$ 20		\$ 20
	Dental	\$ 40		\$ 40

		COBRA		
		Employee Share	Dependent Share	Total
		\$ 20		\$ 20
		\$ 41		\$ 41