

**Local Government Health Insurance Program
CY2019 Premiums**

Active Employee Premiums - Preferred			
	Single	Family	Total
Employee (dental)	\$471		\$471
Employee & dependent (dental)	\$471	\$678	\$1,149
Employee (no dental)	\$450		\$450
Employee & dependent (no dental)	\$450	\$647	\$1,097

Retiree (not Medicare)			
	Single	Family	Total
Retiree (not Medicare) (dental)	\$974		\$974
Retiree (not Medicare) & dependent (not Medicare) (dental)	\$974	\$820	\$1,794
Retiree (not Medicare) & dependent (Medicare) (dental)	\$974	\$480	\$1,454
Retiree (not Medicare) (no dental)	\$953		\$953
Retiree (not Medicare) & dependent (not Medicare) (no dental)	\$953	\$789	\$1,742
Retiree (not Medicare) & dependent (Medicare) (no dental)	\$953	\$449	\$1,402

COBRA - Preferred			
	Single	Family	Total
Employee (dental)	\$481		\$481
Employee & dependent (dental)	\$481	\$690	\$1,171
Employee (no dental)	\$460		\$460
Employee & dependent (no dental)	\$460	\$659	\$1,119

Retiree (not Medicare) COBRA			
	Single	Family	Total
Retiree (not Medicare) (dental)	\$993		\$993
Retiree (not Medicare) & dependent (not Medicare) (dental)	\$993	\$835	\$1,828
Retiree (not Medicare) & dependent (Medicare) (dental)	\$993	\$490	\$1,483
Retiree (not Medicare) (no dental)	\$972		\$972
Retiree (not Medicare) & dependent (not Medicare) (no dental)	\$972	\$804	\$1,776
Retiree (not Medicare) & dependent (Medicare) (no dental)	\$972	\$459	\$1,431

COBRA Disabled - Preferred			
	Single	Family	Total
COBRA Disabled (dental)	\$707		\$707
COBRA Disabled & dependent (dental)	\$707	\$690	\$1,397
COBRA Disabled (no dental)	\$675		\$675
COBRA Disabled & dependent (no dental)	\$675	\$659	\$1,334

Southland			
	Single or Family		Total
Vision	\$20		\$20
Dental	\$40		\$40
Vision and Dental Combined	\$60		\$60

Active Employee Premiums - Standard			
	Single	Family	Total
Employee (dental)	\$516		\$516
Employee & dependent (dental)	\$516	\$785	\$1,301
Employee (no dental)	\$495		\$495
Employee & dependent (no dental)	\$495	\$754	\$1,249

Retiree (Medicare)			
	Single	Family	Total
Retiree (Medicare) (dental)	\$469		\$469
Retiree (Medicare) & dependent (not Medicare) (dental)	\$469	\$676	\$1,145
Retiree (Medicare) & dependent (Medicare) (dental)	\$469	\$480	\$949
Retiree (Medicare) (no dental)	\$448		\$448
Retiree (Medicare) & dependent (not Medicare) (no dental)	\$448	\$645	\$1,093
Retiree (Medicare) & dependent (Medicare) (no dental)	\$448	\$449	\$897

COBRA - Standard			
	Single	Family	Total
Employee (dental)	\$525		\$525
Employee & dependent (dental)	\$525	\$800	\$1,325
Employee (no dental)	\$504		\$504
Employee & dependent (no dental)	\$504	\$769	\$1,273

Retiree (Medicare) COBRA			
	Single	Family	Total
Retiree (Medicare) (dental)	\$479		\$479
Retiree (Medicare) & dependent (not Medicare) (dental)	\$479	\$688	\$1,167
Retiree (Medicare) & dependent (Medicare) (dental)	\$479	\$490	\$969
Retiree (Medicare) (no dental)	\$458		\$458
Retiree (Medicare) & dependent (not Medicare) (no dental)	\$458	\$657	\$1,115
Retiree (Medicare) & dependent (Medicare) (no dental)	\$458	\$459	\$917

COBRA Disabled - Standard			
	Single	Family	Total
COBRA Disabled (dental)	\$773		\$773
COBRA Disabled & dependent (dental)	\$773	\$800	\$1,573
COBRA Disabled (no dental)	\$742		\$742
COBRA Disabled & dependent (no dental)	\$742	\$769	\$1,511

Southland - COBRA			
	Single or Family		Total
Vision	\$20		\$20
Dental	\$41		\$41
Vision and Dental Combined	\$61		\$61