

**Local Government Health Insurance Program
CY2020 Premiums**

Active Employee Premiums - Preferred			
	Single	Family	Total
Employee (dental)	\$494		\$494
Employee & dependent (dental)	\$494	\$712	\$1,206
Employee (no dental)	\$472		\$472
Employee & dependent (no dental)	\$472	\$679	\$1,151

Retiree (not Medicare)			
	Single	Family	Total
Retiree (not Medicare) (dental)	\$1,022		\$1,022
Retiree (not Medicare) & dependent (not Medicare) (dental)	\$1,022	\$861	\$1,883
Retiree (not Medicare) & dependent (Medicare) (dental)	\$1,022	\$197	\$1,219
Retiree (not Medicare) & 2 dependents (Medicare) (dental)	\$1,022	\$394	\$1,416
Retiree (not Medicare) (no dental)	\$1,000		\$1,000
Retiree (not Medicare) & dependent (not Medicare) (no dental)	\$1,000	\$828	\$1,828
Retiree (not Medicare) & dependent (Medicare) (no dental)	\$1,000	\$175	\$1,175
Retiree (not Medicare) & 2 dependents (Medicare) (no dental)	\$1,000	\$350	\$1,350

COBRA - Preferred			
	Single	Family	Total
Employee (dental)	\$503		\$503
Employee & dependent (dental)	\$503	\$725	\$1,228
Employee (no dental)	\$481		\$481
Employee & dependent (no dental)	\$481	\$692	\$1,173

Retiree (not Medicare) COBRA			
	Single	Family	Total
Retiree (not Medicare) (dental)	\$1,042		\$1,042
Retiree (not Medicare) & dependent (not Medicare) (dental)	\$1,042	\$878	\$1,920
Retiree (not Medicare) & dependent (Medicare) (dental)	\$1,042	\$201	\$1,243
Retiree (not Medicare) & 2 dependents (Medicare) (dental)	\$1,042	\$402	\$1,444
Retiree (not Medicare) (no dental)	\$1,020		\$1,020
Retiree (not Medicare) & dependent (not Medicare) (no dental)	\$1,020	\$844	\$1,864
Retiree (not Medicare) & dependent (Medicare) (no dental)	\$1,020	\$179	\$1,199
Retiree (not Medicare) & 2 dependents (Medicare) (no dental)	\$1,020	\$357	\$1,377

COBRA Disabled - Preferred			
	Single	Family	Total
COBRA Disabled (dental)	\$741		\$741
COBRA Disabled & dependent (dental)	\$741	\$725	\$1,466
COBRA Disabled (no dental)	\$708		\$708
COBRA Disabled & dependent (no dental)	\$708	\$692	\$1,400

Southland			
	Single	Family	Total
Vision	\$12	\$20	\$20
Dental	\$40	\$40	\$40

Active Employee Premiums - Standard			
	Single	Family	Total
Employee (dental)	\$541		\$541
Employee & dependent (dental)	\$541	\$824	\$1,365
Employee (no dental)	\$519		\$519
Employee & dependent (no dental)	\$519	\$791	\$1,310

Retiree (Medicare)			
	Single	Family	Total
Retiree (Medicare) (dental)	\$197		\$197
Retiree (Medicare) & dependent (not Medicare) (dental)	\$197	\$710	\$907
Retiree (Medicare) & dependent (Medicare) (dental)	\$197	\$197	\$394
Retiree (Medicare) & 2 dependents (Medicare) (dental)	\$197	\$394	\$591
Retiree (Medicare) (no dental)	\$175		\$175
Retiree (Medicare) & dependent (not Medicare) (no dental)	\$175	\$677	\$852
Retiree (Medicare) & dependent (Medicare) (no dental)	\$175	\$175	\$350
Retiree (Medicare) & 2 dependents (Medicare) (no dental)	\$175	\$350	\$525

COBRA - Standard			
	Single	Family	Total
Employee (dental)	\$551		\$551
Employee & dependent (dental)	\$551	\$840	\$1,391
Employee (no dental)	\$529		\$529
Employee & dependent (no dental)	\$529	\$807	\$1,336

Retiree (Medicare) COBRA			
	Single	Family	Total
Retiree (Medicare) (dental)	\$201		\$201
Retiree (Medicare) & dependent (not Medicare) (dental)	\$201	\$724	\$925
Retiree (Medicare) & dependent (Medicare) (dental)	\$201	\$201	\$402
Retiree (Medicare) & 2 dependents (Medicare) (dental)	\$201	\$402	\$603
Retiree (Medicare) (no dental)	\$179		\$179
Retiree (Medicare) & dependent (not Medicare) (no dental)	\$179	\$690	\$869
Retiree (Medicare) & dependent (Medicare) (no dental)	\$179	\$179	\$358
Retiree (Medicare) & 2 dependents (Medicare) (no dental)	\$179	\$357	\$536

COBRA Disabled - Standard			
	Single	Family	Total
COBRA Disabled (dental)	\$812		\$812
COBRA Disabled & dependent (dental)	\$812	\$840	\$1,652
COBRA Disabled (no dental)	\$779		\$779
COBRA Disabled & dependent (no dental)	\$779	\$807	\$1,586

Southland - COBRA			
	Single	Family	Total
Vision	\$12	\$20	\$20
Dental	\$41	\$41	\$41