

<b>2020 COBRA and Retiree Rate Chart</b>	
<b>Coverage/Enrollment</b>	<b>COBRA/Retiree Premium</b>
<b>Preferred Care Blue Network</b>	
PPO/Individual	\$ 745.66
PPO/Employee+Spouse	\$ 1,491.31
PPO/Employee+Child(ren)	\$ 1,439.12
PPO/Family	\$ 2,318.99
<b>BlueSelect Plus Network</b>	
PPO/Individual	\$ 666.39
PPO/Employee+Spouse	\$ 1,332.78
PPO/Employee+Child(ren)	\$ 1,286.13
PPO/Family	\$ 2,072.47
<b>Preferred Care Blue Network</b>	
BlueSaver/Employee	\$ 685.87
BlueSaver/Employee+Spouse	\$ 1,371.74
BlueSaver/Employee+Child(ren)	\$ 1,323.73
BlueSaver/Family	\$ 2,133.05
<b>BlueSelect Plus Network</b>	
BlueSaver/Employee	\$ 601.71
BlueSaver/Employee+Spouse	\$ 1,203.42
BlueSaver/Employee+Child(ren)	\$ 1,161.30
BlueSaver/Family	\$ 1,871.31
<b>Retiree Plan ONLY - \$5K Deductible and BlueSelect Plus Network</b>	
BlueSaver/Employee	\$ 518.58
BlueSaver/Employee+Spouse	\$ 1,037.17
BlueSaver/Employee+Child(ren)	\$ 1,000.87
BlueSaver/Family	\$ 1,612.80
<b>Dental Stand-alone Plan</b>	
Delta Dental/Employee	\$ 27.85
Delta Dental/Employee+Spouse	\$ 55.70
Delta Dental/Employee+Child(ren)	\$ 74.92
Delta Dental/Family	\$ 111.96
<b>Vision Stand-alone Plan (w/o County Medical)</b>	
EyeMed/Employee	\$ 5.02
EyeMed/Employee+Spouse	\$ 10.06
EyeMed/Employee+Child(ren)	\$ 10.76
EyeMed/Family	\$ 17.20