

| 2021 COBRA and Retiree Rates | | |
|---|--|----------------------|
| Coverage / enrollment | | COBRA Premium |
| Preferred Care Blue Network | | |
| PPO/Individual | | \$ 758.28 |
| PPO/Employee+Spouse | | \$ 1,516.55 |
| PPO/Employee+Child(ren) | | \$ 1,463.47 |
| PPO/Family | | \$ 2,358.24 |
| BlueSelect Plus Network | | |
| PPO/Individual | | \$ 677.66 |
| PPO/Employee+Spouse | | \$ 1,355.33 |
| PPO/Employee+Child(ren) | | \$ 1,307.89 |
| PPO/Family | | \$ 2,107.54 |
| Preferred Care Blue Network | | |
| BlueSaver / employee | | \$ 697.48 |
| Blue Saver/Employee+Spouse | | \$ 1,394.95 |
| Blue Saver/Employee+Child(ren) | | \$ 1,346.13 |
| BlueSaver / family | | \$ 2,169.15 |
| BlueSelect Plus Network | | |
| BlueSaver / employee | | \$ 611.89 |
| Blue Saver/Employee+Spouse | | \$ 1,223.79 |
| Blue Saver/Employee+Child(ren) | | \$ 1,180.95 |
| BlueSaver / family | | \$ 1,902.98 |
| Retiree Plan - \$5K ded and BS+ Network | | |
| BlueSaver / employee | | \$ 527.36 |
| Blue Saver/Employee+Spouse | | \$ 1,054.72 |
| Blue Saver/Employee+Child(ren) | | \$ 1,017.81 |
| BlueSaver / family | | \$ 1,640.09 |
| Retiree plan - \$3K ded and BSP Network | | |
| BlueSaver / employee | | \$ 572.18 |
| Blue Saver/Employee+Spouse | | \$ 1,144.37 |
| Blue Saver/Employee+Child(ren) | | \$ 1,104.32 |
| BlueSaver / family | | \$ 1,779.50 |
| Dental Stand alone Plan | | |
| Delta Dental / employee | | \$27.85 |
| Delta Dental / Employee+Spouse | | \$55.70 |
| Delta Dental / EE+Child(ren) | | \$74.92 |
| Delta Dental / family | | \$111.96 |
| Vision Stand-alone Plan (w/ or w/o County Medical) | | |
| EyeMed/Employee | | \$ 5.02 |
| EyeMed/Employee+Spouse | | \$ 10.06 |
| EyeMed/Employee+Child(ren) | | \$ 10.76 |
| EyeMed/Family | | \$ 17.20 |