

COST OF COVERAGE

ALL OTHER RETIREES, SURVIVING SPOUSES, AND COBRA*

Plan	Participant Monthly	County Monthly	Total Monthly	COBRA Monthly*
Medical				
Kaiser Permanente				
Individual	\$139.34	\$418.01	\$557.35	\$568.50
Two-Person	\$278.08	\$834.25	\$1,112.33	\$1,134.58
Family	\$402.96	\$1,208.86	\$1,611.82	\$1,644.06
One Senior	\$70.67	\$211.99	\$282.66	\$288.31
Two Seniors	\$140.74	\$422.21	\$562.95	\$574.21
Senior + Individual	\$227.17	\$681.49	\$908.66	\$926.83
Cigna HMO				
Individual	\$149.72	\$449.16	\$598.88	\$610.86
Two-Person	\$299.49	\$898.48	\$1,197.97	\$1,221.93
Family	\$418.78	\$1,256.35	\$1,675.13	\$1,708.63
One Senior	\$83.71	\$251.12	\$334.83	\$341.53
Two Seniors	\$168.91	\$506.71	\$675.62	\$689.13
Senior + Individuals	\$234.25	\$702.75	\$937.00	\$955.74
Cigna PPO				
Individual	\$234.58	\$547.34	\$781.92	\$797.56
Two-Person	\$473.09	\$1,103.87	\$1,576.96	\$1,608.50
Family	\$664.40	\$1,550.27	\$2,214.67	\$2,258.96
One Senior	\$90.50	\$211.18	\$301.68	\$307.71
Two Seniors	\$182.54	\$425.94	\$608.48	\$620.65
Senior + Individuals	\$326.60	\$762.06	\$1,088.66	\$1,104.3

* COBRA includes an additional 2% administrative fee.

Note: You must enroll as a senior if you are enrolled in Medicare.

Plan	Participant Monthly	County Monthly	Total Monthly	COBRA Monthly*
Prescription				
Individual	\$51.55	\$154.65	\$206.20	\$210.32
Two-Person	\$103.86	\$311.56	\$415.42	\$423.73
Family	\$132.68	\$398.02	\$530.70	\$541.31
Vision				
VSP Basic Plan				
Individual	\$8.19	N/A	\$8.19	\$8.35
Two-Person	\$14.01	N/A	\$14.01	\$14.29
Family	\$18.66	N/A	\$18.66	\$19.03
VSP Buy-Up Plan				
Individual	\$14.59	N/A	\$14.59	\$14.88
Two-Person	\$26.81	N/A	\$26.81	\$27.35
Family	\$36.58	N/A	\$36.58	\$37.31
Dental				
Aetna Dental DMO				
Individual	\$20.37	N/A	\$20.37	\$20.78
Two-Person	\$31.62	N/A	\$31.62	\$32.25
Family	\$40.24	N/A	\$40.24	\$41.04
Aetna Dental PPO				
Individual	\$40.09	N/A	\$40.09	\$40.89
Two-Person	\$73.24	N/A	\$73.24	\$74.70
Family	\$108.34	N/A	\$108.34	\$110.51