

2017 Monthly Premiums

	BASIC PLAN	EXPANDED PLAN
ACTIVE MEMBERS		
Employee Only	\$3.35	\$5.86
Employee + Child(ren)	\$6.69	\$11.72
Employee + Spouse	\$6.35	\$11.14
Employee + Spouse + Child(ren)	\$9.83	\$17.23
COBRA PARTICIPANTS		
Employee Only/Single	\$3.42	\$5.98
Employee + Child(ren)	\$6.82	\$11.95
Employee + Spouse	\$6.48	\$11.36
Employee + Spouse + Child(ren)	\$10.03	\$17.57
COBRA DISABILITY PARTICIPANTS		
Employee Only/Single	\$5.03	\$8.79
Employee + Child(ren)	\$10.04	\$17.58
Employee + Spouse	\$9.53	\$16.71
Employee + Spouse + Child(ren)	\$14.75	\$25.85
RETIREE PARTICIPANTS		
Retiree Only	\$3.35	\$5.86
Retiree + Child(ren)	\$6.69	\$11.72
Retiree + Spouse	\$6.35	\$11.14
Retiree + Spouse + Child(ren)	\$9.83	\$17.23

VISION PREMIUMS