

2018 SLEBC Rates

Medical	2018 Premium	Employee Responsibility	State Responsibility	Bi-Weekly Employee Responsibility	Bi-Weekly State Responsibility
Single	\$676.26	\$114.96	\$561.30	\$57.48	\$280.65
EE+SP	\$1,414.79	\$240.51	\$1,174.28	\$120.26	\$587.14
EE+CH	\$1,251.19	\$212.70	\$1,038.49	\$106.35	\$519.25
Family	\$2,008.00	\$341.36	\$1,666.64	\$170.68	\$833.32

Dental	2018 Premium	Employee Responsibility	State Responsibility
Single	\$34.68	\$18.68	\$16.00
EE+SP	\$68.05	\$46.05	\$22.00
EE+CH	\$98.71	\$76.71	\$22.00
Family	\$106.72	\$78.72	\$28.00

Vision	2018 Premium	Employee Responsibility
Single	\$14.09	\$14.09
EE+One	\$22.54	\$22.54
EE+CH	\$23.01	\$23.01
Family	\$37.10	\$37.10