

2019 SLEBC Insurance Rates

Medical	2019 Premium	Employee Responsibility	State Responsibility	Bi-Weekly Employee Responsibility	Bi-Weekly State Responsibility
Single	\$738.24	\$125.50	\$612.74	\$62.75	\$306.37
EE+SP	\$1,464.71	\$249.00	\$1,215.71	\$124.50	\$607.85
EE+CH	\$1,247.06	\$212.00	\$1,035.06	\$106.00	\$517.53
Family	\$1,829.41	\$311.00	\$1,518.41	\$155.50	\$759.21

Dental	2019 Premium	Employee Responsibility	State Responsibility	Bi-Weekly Employee Responsibility	Bi-Weekly State Responsibility
Single	\$34.68	\$18.68	\$16.00	\$9.34	\$8.00
EE+SP	\$68.05	\$46.05	\$22.00	\$23.03	\$11.00
EE+CH	\$98.71	\$76.71	\$22.00	\$38.36	\$11.00
Family	\$106.72	\$78.72	\$28.00	\$39.36	\$14.00

Vision	2019 Premium	Employee Responsibility	Bi-Weekly Employee Responsibility
Single	\$14.09	\$14.09	\$7.05
EE+One	\$22.54	\$22.54	\$11.27
EE+CH	\$23.01	\$23.01	\$11.51
Family	\$37.10	\$37.10	\$18.55