

2020 SLEBC Monthly Insurance Rates

Medical	2020 Premium	Employee Responsibility	State Responsibility	Bi-Weekly Employee Responsibility	Bi-Weekly State Responsibility	COBRA
Single	\$738.24	\$125.50	\$612.74	\$62.75	\$306.37	\$753.00
EE+SP	\$1,508.65	\$256.47	\$1,252.18	\$128.24	\$626.09	\$1,538.82
EE+CH	\$1,247.06	\$212.00	\$1,035.06	\$106.00	\$517.53	\$1,272.00
Family	\$1,884.29	\$320.33	\$1,563.96	\$160.16	\$781.98	\$1,921.98

Dental	2020 Premium	Employee Responsibility	State Responsibility	Bi-Weekly Employee Responsibility	Bi-Weekly State Responsibility	COBRA
Single	\$34.68	\$18.68	\$16.00	\$9.34	\$8.00	\$35.37
EE+SP	\$68.05	\$46.05	\$22.00	\$23.03	\$11.00	\$69.41
EE+CH	\$98.71	\$76.71	\$22.00	\$38.36	\$11.00	\$100.68
Family	\$106.72	\$78.72	\$28.00	\$39.36	\$14.00	\$108.85

Vision	2020 Premium	Employee Responsibility	Bi-Weekly Employee Responsibility	COBRA
Single	\$14.09	\$14.09	\$7.05	\$14.37
EE+One	\$22.54	\$22.54	\$11.27	\$22.99
EE+CH	\$23.01	\$23.01	\$11.51	\$23.47
Family	\$37.10	\$37.10	\$18.55	\$37.84