

2022 SLEBC Monthly Insurance Rates

Medical	2022 Premium**	Employee Responsibility	State Responsibility	Bi-Weekly Employee Responsibility	Bi-Weekly State Responsibility	COBRA
Employee	\$853.11	\$145.03	\$708.08	\$72.51	\$354.04	\$870.17
Employee + Spouse	\$1,824.87	\$310.23	\$1,514.64	\$155.11	\$757.32	\$1,861.37
Employee + Child(ren)	\$1,508.45	\$256.44	\$1,252.01	\$128.22	\$626.01	\$1,538.62
Family	\$2,258.88	\$384.01	\$1,874.87	\$192.00	\$937.44	\$2,304.06

Dental	2022 Premium**	Employee Responsibility	State Responsibility	Bi-Weekly Employee Responsibility	Bi-Weekly State Responsibility	COBRA
Employee	\$34.68	\$18.68	\$16.00	\$9.34	\$8.00	\$35.37
Employee + Spouse	\$68.05	\$46.05	\$22.00	\$23.03	\$11.00	\$69.41
Employee + Child(ren)	\$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	2022 Premium**	Employee Responsibility	Bi-Weekly Employee Responsibility	COBRA
Employee	\$15.24	\$15.24	\$7.62	\$15.54
Employee + Spouse	\$24.38	\$24.38	\$12.19	\$24.87
Employee + Child(ren)	\$24.89	\$24.89	\$12.45	\$25.39
Family	\$40.13	\$40.13	\$20.07	\$40.93

** Retirees pay full monthly premium.