

Monroe County Board of County Commissioners	2019 Employee/Dependent Rates				2019 COBRA Rates	
	Current Traditional Plan	Current Traditional Plan	HDHP/HSA	HDHP/HSA	Current Traditional Plan	HDHP/HSA
	Monthly Rate	BiWeekly Rate	Monthly Rate	BiWeekly Rate	Monthly Rate	Monthly Rate

**EMPLOYEE AND DEPENDENT MEDICAL/RX PREMIUMS EFFECTIVE 1/1/19**

Employees Paying \$25 Premium (Hired prior to 5/1/2012)	\$50	\$23	\$0	\$0	\$756	\$644
Employees Paying \$50 Premium (Hired 5/1/12 or later)	\$75	\$35	\$0	\$0	\$756	\$644
<b>LWOP ACTIVE EMPLOYEE ONLY</b>	\$752	N/A	\$629	N/A	N/A	N/A
<b>EMPLOYEE DEPENDENTS ONLY (HIRED PRIOR TO 1/1/18)</b>						
Spouse Only	\$382	\$176	\$299	\$138	\$1,036	\$867
Spouse + 1 child	\$552	\$255	\$432	\$199	\$1,496	\$1,252
Spouse + 2 or more children	\$806	\$372	\$631	\$291	\$2,187	\$1,829
One child only	\$170	\$78	\$133	\$61	\$460	\$385
Two children only	\$340	\$157	\$266	\$122	\$921	\$770
Three children only	\$510	\$235	\$399	\$184	\$1,381	\$1,155
Four children only	\$680	\$314	\$532	\$246	\$1,841	\$1,540
Five + Children	\$849	\$392	\$665	\$307	\$2,302	\$1,926
<b>EMPLOYEE DEPENDENTS ONLY (HIRED ON OR AFTER 1/1/18)</b>						
Spouse Only	\$508	\$234	\$425	\$196	\$1,036	\$867
Spouse + 1 child	\$733	\$338	\$614	\$283	\$1,496	\$1,252
Spouse + 2 or more children	\$1,072	\$495	\$897	\$414	\$2,187	\$1,829
One child only	\$226	\$104	\$189	\$87	\$460	\$385
Two children only	\$451	\$208	\$378	\$174	\$921	\$770
Three children only	\$677	\$312	\$566	\$261	\$1,381	\$1,155
Four children only	\$903	\$417	\$755	\$348	\$1,841	\$1,540
Five + Children	\$1,128	\$521	\$944	\$436	\$2,302	\$1,926

**DENTAL AND VISION PREMIUMS EFFECTIVE 1/1/19**

**DENTAL INSURANCE - Delta Dental**

HIGH OPTION		Monthly Rate	BiWeekly Rate
Employee Only		\$48.60	\$22.43
Employee & Spouse Only		\$91.97	\$42.45
Employee & Children Only		\$99.27	\$45.82
Full Family		\$143.77	\$66.35
LOW OPTION		Monthly Rate	BiWeekly Rate
Employee Only		\$25.86	\$11.94
Employee & Spouse Only		\$48.94	\$22.59
Employee & Children Only		\$52.81	\$24.37
Full Family		\$76.51	\$35.31

**VISION INSURANCE - VSP**

HIGH OPTION		Monthly Rate	BiWeekly Rate
Employee Only		\$9.27	\$4.28
Employee & Spouse Only		\$18.52	\$8.55
Employee & Children Only		\$19.81	\$9.14
Full Family		\$31.67	\$14.62
LOW OPTION		Monthly Rate	BiWeekly Rate
Employee Only		\$4.44	\$2.05
Employee & Spouse Only		\$8.88	\$4.10
Employee & Children Only		\$9.50	\$4.39
Full Family		\$15.18	\$7.01