

# COBRA 2019-2020 Monthly Premiums



## Medical, Prescription, Behavioral Health

Prescription and behavioral health coverage is provided as part of your enrollment in a County-sponsored medical plan. When you elect medical coverage, you are automatically enrolled in prescription and behavioral health coverage. There is one combined rate for all three plans.

## 2019-2020 Combined Medical, Prescription, Behavioral Health Premiums

Plan	Tier	Monthly Total Premium
Cigna HMO	Beneficiary	698.29
	Beneficiary + Spouse	1,354.01
	Beneficiary + Child(ren)	1,113.11
	Beneficiary + Family	1,769.46
Cigna and UnitedHealthcare HDHP	Beneficiary	644.45
	Beneficiary + Spouse	1,245.98
	Beneficiary + Child(ren)	1,009.38
	Beneficiary + Family	1,654.06
UnitedHealthcare PPO	Beneficiary	730.93
	Beneficiary + Spouse	1,420.23
	Beneficiary + Child(ren)	1,167.00
	Beneficiary + Family	1,856.99

## Vision Premiums

Plan	Tier	Monthly Total Premium
EyeMed	Beneficiary	6.94
	Beneficiary + Spouse	13.28
	Beneficiary + Child(ren)	13.44
	Beneficiary + Family	20.22

## Dental Premiums

Plan	Tier	Monthly Total Premium
Cigna Prepaid (DHMO)	Beneficiary	9.45
	Beneficiary + Spouse	15.97
	Beneficiary + Child(ren)	22.11
	Beneficiary + Family	26.03
Cigna (PPO)	Beneficiary	36.52
	Beneficiary + Spouse	80.44
	Beneficiary + Child(ren)	87.01
	Beneficiary + Family	111.69
Delta (PPO)	Beneficiary	44.02
	Beneficiary + Spouse	97.00
	Beneficiary + Child(ren)	104.94
	Beneficiary + Family	134.93