

COBRA

MEDICAL, DENTAL AND VISION MONTHLY CONTRIBUTIONS JANUARY 2023 - DECEMBER 2023

| LEVEL OF COVERAGE | MEDICAL | | | | DENTAL | | VISION | |
|--|------------|------------|------------|-------------|----------|----------|---------|---------|
| | SDHP | PPO | EPO | NON-NETWORK | BASIC | PLUS | BASIC | PLUS |
| EMPLOYEE | | | | | | | | |
| Employee Only | \$564.06 | \$667.08 | \$728.28 | \$668.10 | \$48.96 | \$56.10 | \$6.51 | \$16.48 |
| Employee and Spouse | \$1,436.16 | \$1,702.38 | \$1,857.42 | \$1,702.38 | \$77.52 | \$90.78 | \$12.48 | \$31.56 |
| Employee and Child(ren) | \$1,340.28 | \$1,590.18 | \$1,735.02 | \$1,590.18 | \$82.62 | \$97.92 | \$13.04 | \$32.97 |
| Employee and Family | \$2,213.40 | \$2,623.44 | \$2,865.18 | \$2,624.46 | \$128.52 | \$135.66 | \$20.11 | \$50.86 |
| RETIREE/SURVIVING SPOUSE NOT ELIGIBLE FOR MEDICARE | | | | | | | | |
| Retiree Only or Surviving Spouse Only or Surviving Child Only | \$1,150.56 | \$1,361.70 | \$1,420.86 | \$1,361.70 | \$45.90 | \$49.98 | \$6.51 | \$16.48 |
| Retiree and Spouse | \$2,307.24 | \$2,731.56 | \$2,845.80 | \$2,731.56 | \$79.56 | \$92.82 | \$12.48 | \$31.56 |
| Retiree and Child(ren) or Surviving Spouse and Child(ren) or Surviving Children Only | \$1,960.44 | \$2,323.56 | \$2,422.50 | \$2,323.56 | \$80.58 | \$93.84 | \$13.04 | \$32.97 |
| Retiree and Family | \$2,766.24 | \$3,274.20 | \$3,414.96 | \$3,274.20 | \$116.28 | \$129.54 | \$20.11 | \$50.86 |
| DISABILITY RETIREE ELIGIBLE FOR MEDICARE | | | | | | | | |
| Retiree on Medicare Only or Surviving Spouse on Medicare Only | N/A | N/A | N/A | \$1,667.70 | \$45.90 | \$49.98 | \$6.51 | \$16.48 |
| Retiree on Medicare and Spouse | N/A | N/A | N/A | \$2,703.00 | \$79.56 | \$92.82 | \$12.48 | \$31.56 |
| Retiree on Medicare and Child(ren) or Surviving Spouse on Medicare and Child(ren) | N/A | N/A | N/A | \$2,590.80 | \$80.58 | \$93.84 | \$13.04 | \$32.97 |
| Retiree on Medicare and Family | N/A | N/A | N/A | \$3,624.06 | \$116.28 | \$129.54 | \$20.11 | \$50.86 |
| RRA RETIREE /SPLIT RRA DEPENDENTS NOT ELIGIBLE FOR MEDICARE | | | | | | | | |
| Retiree Only or Spouse Only | \$1,150.56 | \$1,361.70 | \$1,420.86 | \$1,361.70 | \$45.90 | \$49.98 | \$6.51 | \$16.48 |
| Child(ren) Only | \$809.88 | \$961.86 | \$1,001.64 | \$961.86 | \$34.68 | \$43.86 | \$6.51 | \$16.48 |
| Retiree and Child(ren) or Spouse and Child(ren) | \$1,960.44 | \$2,323.56 | \$2,422.50 | \$2,323.56 | \$80.58 | \$93.84 | \$13.04 | \$32.97 |