

2020 RATES for HEALTH, LIFE, VISION and DENTAL INSURANCE

UNIONS

HEALTH INSURANCE			CSEA (1000)	SWD (8427)	MGMT / N-Union	Deputies (1529)	Correction (2390)	Corrections Supervisor	Sheriff's Supervisor	Indigent Defenders
Active (payroll deduction)										
ACTV	S -SN	Active Single	\$35.17	\$35.17	\$35.17	\$70.33	\$36.50	\$57.32	\$70.33	\$33.50
	D -WD	Active w/dep	\$87.31	\$87.31	\$87.31	\$136.57	\$86.16	\$128.92	\$136.57	\$86.16
	F -FM	Active Family	\$163.23	\$163.23	\$163.23	\$201.53	\$158.46	\$213.37	\$201.53	\$158.46
Billed, Workers' Comp, and Family Medical Leave (billed monthly)										
BILL	SN	Single Coverage	\$76.20	\$76.20	\$76.20	\$152.38	\$79.08	\$124.19	\$152.38	\$72.58
COMP	WD	w/Dep Coverage	\$189.17	\$189.17	\$189.17	\$295.90	\$186.68	\$279.33	\$295.90	\$186.68
FMLA	FM	Family Coverage	\$353.67	\$353.67	\$353.67	\$436.65	\$343.33	\$462.30	\$436.65	\$343.33
Retiree (billed monthly)										
RET	SN	Retired Single	\$76.20	\$76.20	\$76.20	\$152.38	\$79.08	\$124.19	\$152.38	\$72.58
	WD	Retired w/Dep	\$189.17	\$189.17	\$189.17	\$295.90	\$186.68	\$279.33	\$295.90	\$186.68
	FM	Retired Family	\$353.67	\$353.67	\$353.67	\$436.65	\$343.33	\$462.30	\$436.65	\$343.33
	MS	Ret. Single w/Med	\$58.16	\$58.16	\$58.16	\$114.86	\$61.04	\$93.32	\$114.86	\$54.54
	M1	Ret. Family 1 w/Med	\$241.83	\$241.83	\$241.83	\$313.08	\$239.32	\$330.47	\$313.08	\$239.32
	M2	Ret. Family 2 w/Med	\$180.07	\$180.07	\$180.07	\$243.78	\$169.73	\$229.44	\$243.78	\$169.73
Retired Surviving Spouse (billed monthly)										
RSPS	FM	Spouse and Family	\$1,139.59	\$1,139.59	\$1,139.59	\$1,473.39	\$1,129.25	\$1,477.82	\$1,473.39	\$1,129.25
	M1	Spouse w/Medicare	\$785.08	\$785.08	\$785.08	\$1,021.50	\$782.57	\$1,021.50	\$1,021.50	\$782.57
Leave of Absence (billed monthly)										
LOA	SN	LOA Single	\$762.07	\$762.07	\$762.07	\$952.43	\$732.28	\$955.30	\$952.43	\$725.78
	WD	LOA Single w/Dep	\$1,392.67	\$1,392.67	\$1,392.67	\$1,740.59	\$1,332.86	\$1,745.83	\$1,740.59	\$1,332.86
	FM	LOA Family	\$1,940.96	\$1,940.96	\$1,940.96	\$2,425.82	\$1,855.03	\$2,433.12	\$2,425.82	\$1,855.03
COBRA (billed monthly)										
CBRA	SN	Cobra Single	\$743.92	\$743.92	\$743.92	\$971.48	\$746.79	\$974.41	\$971.48	\$740.29
	WD	Cobra Single w/Dep	\$1,361.89	\$1,361.89	\$1,361.89	\$1,775.40	\$1,359.38	\$1,780.75	\$1,775.40	\$1,359.38
	FM	Cobra Family	\$1,902.34	\$1,902.34	\$1,902.34	\$2,474.34	\$1,892.00	\$2,481.78	\$2,474.34	\$1,892.00

LIFE INSURANCE

			CSEA (1000)	SW (8427)	MANG / N-UNION	Deputies (1529)	Corrections (2390)	Corrections Supervisor	Sheriff's Supervisor	Indigent Defenders
Active	<i>(payroll deduction)</i>									
	S	Single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	F	Dependent	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15
Retired	<i>(billed monthly - all units)</i>									
	SN	Single/hired before 06/01/1980	0.00							Emp. # 1-259
	DP	Family/hired before 06/01/1980	2.50							Emp. # 1-259
	SA	Single/hired after 06/01/1980	3.25							Emp. # 260+
	FA	Family/hired after 06/01/1980	5.75							Emp. # 260+

DENTAL INSURANCE

			CSEA (1000)	SW (8427)	MANG / N-UNION	Deputies (1529)	Corrections (2390)	Corrections Supervisor	Sheriff's Supervisor	Indigent Defenders
Active	<i>(payroll deduction)</i>									
		Single	\$0.00	\$0.00	\$0.00	\$0.00	\$25.81	\$0.00	\$0.00	\$0.00
		Single w/children	N/A	N/A	N/A	\$13.84	\$39.66	N/A	\$13.84	N/A
		2 person-no children	N/A	N/A	N/A	\$13.84	\$39.66	N/A	\$13.84	N/A
		Family	\$39.66	\$39.66	\$39.66	\$30.23	\$56.04	\$39.66	\$30.23	\$39.66
Retired	<i>(billed monthly)</i>									
		Single	N/A	N/A	N/A	62.70	62.70	N/A	62.70	N/A
		Single w/children	N/A	N/A	N/A	92.70	92.70	N/A	92.70	N/A
		2 person-no children	N/A	N/A	N/A	92.70	92.70	N/A	92.70	N/A
		Family	N/A	N/A	N/A	128.20	128.20	N/A	128.20	N/A

CSEA Dental rates change July 1st

Council 82 Dental rates change May 1st (April open-enrollment)

Corrections Supervisors changed to CSEA Dental/Vison 05/01/18

VISION INSURANCE

CSEA DENTAL/VISION COBRA COVERAGE

Active	CSEA, Management & Corrections Supervisors:	
	Single	0.00
	Family	\$2.25

Payroll will notify CSEA EBF you are no longer receiving a paycheck.
 CSEA EBF should contact you to begin COBRA coverage.
 Contact CSEA EBF at 1-800-323-2732 for more information.