		2018 RATES for H	EALTH, LIF	E, VISION	and DEN	TAL INSUR	ANCE			
		Employee Cost Share								
0.1	0.1	B								
Category	Code	Description				1 15 11	2110			
		UNIONS								
								SWD		
			CSEA	MGMT/	Deputies	Corrections	Corrections	CSEA	Sheriff's	Indigent
HEALTH II	NSURANCE		(1000)	N-Union	(1529)	(2390)	Supervisor	(8427)	Supervisor	Defenders
IILALIIII	TOURANCE		(1000)	N-OIIIOII	(1323)	(2390)	Super visor	(0421)	Super visor	Defenders
Active (nav	roll deduction	n)								
ACTV ACTV	S -SN	Active Single	\$38.39	\$38.39	\$54.84	\$39.56	\$39.56	\$38.39	\$54.84	\$36.56
AOTV	D -WD	Active w/dep	\$95.30	\$95.30	\$90.76			\$95.30		\$93.76
<b> </b>	F -FM	Active Family	\$178.15	\$178.15	\$169.67		\$172.67	\$178.15		\$172.67
	-WV	No health insurance	0.00	0.00	0.00		0.00	0.00		0.00
	- v v v	110 Houra Hourand	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Billed. Worl	kers' Comp. 2	and Family Medical Leave (bill	ed monthly)							
BILL	SN	Single Coverage	\$83.18	\$83.18	\$118.82	\$85.71	\$85.71	\$83.18	\$118.82	\$79.21
COMP	WD	w/Dep Coverage	\$206.48	\$206.48	\$196.65			\$206.48		\$203.15
FMLA	FM	Family Coverage	\$385.99	\$385.99	\$367.62		\$374.12	\$385.99		\$374.12
		r animy cororage	ψοσο.σσ	ψοσοίσο	ψουσ_	ψο:2	ψο:	Ψ000.00	<b>4001.102</b>	<b>431 111</b>
Retiree (bill	ed monthly)									
RET	SN	Retired Single	\$ 83.17	\$83.17	\$118.82	\$85.71	\$85.71	\$83.17	\$118.82	\$79.21
	WD	Retired w/Dep	\$ 206.48	\$206.48	\$196.65		\$203.15	\$206.48	\$196.65	\$203.15
	FM	Retired Family	\$ 386.00	\$386.00	\$367.62		\$374.12	\$386.00	\$367.62	\$374.12
	MS	Ret. Single w/Med	\$ 63.48	\$63.48	\$89.28		\$66.02	\$63.48		\$59.52
	M1	Ret. Family 1 w/Med	\$ 263.94	\$263.94	\$254.11	\$260.61	\$260.61	\$263.94		\$260.61
	M2	Ret. Family 2 w/Med	\$ 196.54	\$196.54	\$178.16		\$184.66	\$196.54	\$178.16	\$184.66
	M3	,						· .		
<b>Retired Sur</b>	viving Spous	e (billed monthly)								
RSPS	FM	Spouse and Family	\$1,243.78	\$1,243.78	\$1,225.40	\$1,231.90	\$1,231.90	\$1,243.78	\$1,225.40	\$1,231.90
	M1	Spouse w/Medicare	\$856.85	\$856.85	\$847.02	\$853.52	\$853.52	\$856.85	\$847.02	\$853.52
Leave of Ak	sence (billed	l monthly)								
LOA	SN	LOA Single	\$796.09	\$796.09	\$792.13			\$796.09		\$792.13
	WD	LOA Single w/Dep	\$1,457.45	\$1,457.45	\$1,447.61			\$1,457.45		\$1,454.11
	FM	LOA Family	\$2,035.91	\$2,035.91	\$2,017.53	\$2,024.03	\$2,024.03	\$2,035.91	\$2,017.53	\$2,024.03
	led monthly)									
CBRA	SN	Cobra Single	\$811.93	\$811.93	\$807.97		\$814.47	\$811.93		\$807.97
	WD	Cobra Single w/Dep	\$1,486.40	\$1,486.40	\$1,476.57		\$1,483.07	\$1,486.40		\$1,483.07
	FM	Cobra Family	\$2,076.26	\$2,076.26	\$2,057.88	\$2,064.38	\$2,064.38	\$2,076.26	\$2,057.88	\$2,064.38

LIFE INSURA	ANCE		CSEA	MANG /	DEPS	Corrections	Corrections		SHERIFF	INDIGENT
	, , ,		(1000)	N-UNION	(1529)	(2390)	Supervisor	(8427)	SUPERV	DEFENDERS
<u>Active</u>	(payroll deduction)									
	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	(billed mo	onthly - all units)								
	SN	Single/hired before 06/01/1980	0.00		Emp. # 1-25	59				
	DP	Family/hired before 06/01/1980	2.50		Emp. # 1-25	59				
	SA	Single/hired after 06/01/1980	3.20		Emp. # 260	 )+				
	FA	Family/hired after 06/01/1980	5.70		Emp. # 260					
			CSEA	MANG /	DEPS	Corrections	Corrections	SW	SHERIFF	INDIGENT
			(1000)	N-UNION	(1529)	(2390)	Supervisor	(8427)	SUPERV	DEFENDERS
DENTAL INS		•								
DENTAL INS	DURANCE									
Active		Single	\$0.00	\$0.00	\$0.00	\$21.20	\$0.00	\$0.00	\$0.00	\$0.00
(payroll deduc	tion)	Single w/children	N/A	N/A	\$13.75	\$34.96	N/A	N/A	\$13.75	N/A
		2 person-no children	N/A	N/A	\$13.75	\$34.96	N/A	N/A	\$13.75	N/A
		Family	\$38.50	\$38.50	\$30.23	\$51.43	\$38.50	\$38.50	\$30.23	\$38.50
Retired		Single	N/A	N/A	52.70	52.70	N/A	N/A	52.70	N/A
(billed monthly	<i>'</i> )	Single w/children	N/A						82.50	
		2 person-no children	N/A	N/A	82.50	82.50	N/A		82.50	N/A
		Family	N/A	N/A	118.20	118.20	N/A	N/A	118.20	N/A
		CSEA Dental rates of	change July	1et						
Co	uncil 82 D	ental rates change May 1st (Apr								
		ns Supervisors changed to CSE								
VISION INSU	JRANCE			CSEA D	ENTAL/VIS	ION COBRA	COVERAGE	i		
						notify CSEA EE				k.
<u>Active</u>		anagement & Corrections Superv		site Rate:	CSEA EBF	should contact	you to begin C	OBRA cover	age.	
	no charge	e to employees and enrolled depe	ndents		Contact CSI	EA EBF at 1-80	00-323-2732 fc	r more inform	nation.	
Updated: 09/2:	1									