

COBRA 2020-2021 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.

2020-2021 Combined Medical, Prescription, Behavioral Health Premiums

Plan	Tier	Monthly Total Premium
Cigna HMO	Beneficiary	759.96
	Beneficiary + Spouse	1,479.18
	Beneficiary + Child(ren)	1,214.96
	Beneficiary + Family	1,934.86
UnitedHealthcare PPO	Beneficiary	795.48
	Beneficiary + Spouse	1,551.22
	Beneficiary + Child(ren)	1,273.59
	Beneficiary + Family	2,030.09
Cigna and UnitedHealthcare HDHP	Beneficiary	699.38
	Beneficiary + Spouse	1,357.45
	Beneficiary + Child(ren)	1,100.08
	Beneficiary + Family	1,801.37

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	39.03
	Beneficiary + Spouse	85.92
	Beneficiary + Child(ren)	92.94
	Beneficiary + Family	119.32
Delta (PPO)	Beneficiary	44.90
	Beneficiary + Spouse	98.94
	Beneficiary + Child(ren)	107.04
	Beneficiary + Family	137.64