2022 RATES for HEALTH, LIFE, VISION and DENTAL INSURANCE

Updated 11/19/2021

UNIONS

HEALTH INSURANCE			CSEA (1000)	SWD (8427)	MGMT / N-Union	Deputies (1529)	Corrections (2390)	Corrections Supervisor	Sheriff's Supervisor	Indigent Defenders
Active	(payroll deduc	ction)								
ACTV	S -SN	Active Single	\$45.23	3 \$45.	23 \$45.23	\$45.23	\$45.23	\$45.23	\$45.23	\$45.23
	D -WD	Active w/dep	\$109.92		-	\$109.92	\$109.92	\$109.92	\$109.92	\$109.92
	F -FM	Active Family	\$205.98		-	\$205.98	\$205.98	\$205.98	\$205.98	\$205.98
Billed,	Workers' Com	p, and Family Medical Leave (billed r	nonthly)							
BILL	SN	Single Coverage	\$98.00	98.	\$98.00	\$98.00	\$98.00	\$98.00	\$98.00	\$98.00
COMP	WD	w/Dep Coverage	\$238.1	5 \$238.	\$238.15	\$238.15	\$238.15	\$238.15	\$238.15	\$238.15
FMLA	FM	Family Coverage	\$446.30	\$446.	\$446.30	\$446.30	\$446.30	\$446.30	\$446.30	\$446.30
Retiree	(billed month	ly)								
RET	SN	Retired Single	\$97.99	9 \$97.	99 \$97.99	\$97.99	\$97.99	\$97.99	\$97.99	\$97.99
	WD	Retired w/Dep	\$238.1	5 \$238.	\$238.15	\$238.15	\$238.15	\$238.15	\$238.15	\$238.15
	FM	Retired Family	\$446.30	\$446.		\$446.30	\$446.30	\$446.30	\$446.30	\$446.30
	MS	Ret. Single w/Med	\$ 70.00	\$ 70.00	\$ 70.00 \$	\$ 70.00 \$	\$ 70.00	\$ 70.00	\$ 70.00	\$ 70.00
	M1	Ret. Family 1 w/Med	\$ 308.76	\$ 308.76	↓ 308.76 \$	308.76 \$	\$ 308.76	∲ 308.76 \$	\$ 308.76	\$ 308.76
	M2	Ret. Family 2 w/Med	\$ 188.04	\$ 188.04	φ 188.04	φ 188.04	\$ 188.04	↓ 188.04	\$ 188.04	\$ 188.04
Retired	Surviving Sp	ouse (billed monthly)	-		- \$	_ \$	\$	\$		Ś
RSPS	FM	Spouse and Family	\$ 1,700.54	\$ 1,700.54	1,700.54	1,700.54	1,700.54	1,700.54	\$ 1,700.54	1,700.54
	M1	Spouse w/Medicare	\$1,151.94	\$1,151.94	\$1,151.94	\$1,151.94	\$1,151.94	\$1,151.94	\$1,151.94	\$1,151.94

DENTAL INSURANCE			CSEA	SW	MANG /	Deputies	Corrections	Corrections	Sheriff's	Indigent
	FA	Family/hired after 6/1/80	6.80	E	mp. # 260+					
	SA	Single/hired after 6/1/80	4.30	E	mp. # 260+					
	DP	Family/hired before 6/1/80	2.50	E	mp. # 1-259					
	SN	Single/hired before 6/1/80	0.00		mp. # 1-259					
<u>Retired</u>			2.22	_						
	F	Dependent	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15
	S	Single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<u>Active</u>	(payroll d	,								
			(1000)	(8427)	N-UNION	(1529)	(2390)	Supervisor	Supervisor	Defenders
_IFE IN	ISURANCI	E	CSEA	SW	MANG /	Deputies	Corrections	Corrections	Sheriff's	Indigent
	FM	Cobra Family	\$2,845.15	\$2,845.15	\$2,845.15	\$2,845.15	\$2,845.15	\$2,845.15	\$2,845.15	\$2,845.1
	WD	Cobra Single w/Dep	\$2,024.29	\$2,024.29	\$2,024.29	\$2,024.29	\$2,024.29	\$2,024.29	\$2,024.29	\$2,024.2
CBRA	SN	Cobra Single	\$1,110.60	\$1,110.60	\$1,110.60	\$1,110.60	\$1,110.60	\$1,110.60	\$1,110.60	\$1,110.6
	(billed mo					1			1	1
		Lorrainny	φ 2,700.00	φ 2,100.00	2,700.00	2,700.00	φ 2,700.00	2,700.00	ψ2,700.00	2,700.00
	WD FM	LOA Single w/Dep	\$ 1,984.60 \$ 2,789.36	\$ 1,984.60 \$ 2,789.36	1,984.60 \$ 2,789.36	1,984.60 \$ 2,789.36	\$ 1,984.60 \$ 2,789.36	1,984.60 \$ 2,789.36	\$ 1,984.60 \$ 2,789.36	1,984.60 \$ 2,789.36
.OA	SN	LOA Single	\$ 1,088.82	\$ 1,088.82	1,088.82 \$	1,088.82 \$	\$ 1,088.82	1,088.82 \$	\$ 1,088.82	1,088.82 \$
					\$	\$		\$		\$

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Active	Single	\$0.00	\$0.00	\$0.00	\$0.00	\$25.81	\$0.00	\$0.00	\$0.00	
(payroll deduction)	Single w/children	N/A	N/A	N/A	\$13.84	\$39.66	N/A	\$13.84	N/A	

	2 person-no children Family	N/A \$45.39	N/A \$45.39	N/A \$45.39	\$13.84 \$30.23	\$39.66 \$45.39	N/A \$45.39	\$13.84 \$30.23	N/A \$45.39
			,	,	,	,	,	,	,
<u>Retired</u>	Single	N/A	N/A	N/A	62.70	N/A	N/A	62.70	N/A
(billed monthly)	Single w/children	N/A	N/A	N/A	92.70	N/A	N/A	92.70	N/A
	2 person-no children	N/A	N/A	N/A	92.70	N/A	N/A	92.70	N/A
	Family	N/A	N/A	N/A	128.20	N/A	N/A	128.20	N/A

CSEA Dental rates change July 1st

Deputies and Sheriff Supervisors Unions Dental/Vision rates change May 1st (open enrollment April)

VISION INSURANCE

CSEA DENTAL/VISION COBRA COVERAGE

All County Employees with the exception of Deputy Supervisors and Deputies bargaining unit

<u>Active</u> members:

Single: no charge

Family: \$2.25 per pay period

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.