# 2023 RATES for HEALTH, LIFE, VISION and DENTAL INSURANCE

## Updated 01/31/2023

UNIONS

HEALTH INSURANCE			CSEA (1000)		SWD (8427)		MGMT / N-Union		Deputies (1529)		Corrections (2390)		Corrections Supervisor		Sheriff's Supervisor		Indigent Defenders	
Active (p	payroll dedu	ction)																
ACTV	S -SN	Active Single		\$46.31		\$46.31		\$46.31		\$46.31		\$46.31		\$46.31		\$46.31	1	\$46.31
	D-WD	Active w/dep		\$112.55		\$112.55		\$112.55		\$112.55		\$112.55		\$112.55		\$112.55	1	\$112.55
	F -FM	Active Family		\$210.92		\$210.92		\$210.92		\$210.92		\$210.92		\$210.92		\$210.92		\$210.92
Billod V	orkers' Con	np, and Family Medical Leav	e (billed)	monthly														
BILL	SN	Single Coverage	e (billeu	\$100.34		\$100.34		\$100.34		\$100.34		\$100.34	I	\$100.34		\$100.34		\$100.34
COMP	WD	w/Dep Coverage		\$243.86		\$243.86		\$243.86		\$243.86		\$243.86		\$243.86		\$243.86		\$243.86
FMLA	FM	Family Coverage		\$457.00		\$457.00		\$457.00		\$457.00		\$457.00		\$457.00		\$457.00		\$457.00
Retiree	billed month	hlv)																
RET	SN	Retired Single		\$100.34		\$100.34		\$100.34		\$100.34		\$100.34		\$100.34		\$100.34		\$100.34
	WD	Retired w/Dep		\$243.86		\$243.86		\$243.86		\$243.86		\$243.86		\$243.86		\$243.86		\$243.86
	FM	Retired Family		\$457.00		\$457.00		\$457.00		\$457.00		\$457.00		\$457.00		\$457.00		\$457.00
	MS	Ret. Single w/Med	\$	71.68	\$	71.68	\$		\$	71.68	\$	71.68	\$	71.68	\$	71.68		71.68
	M1	Ret. Family 1 w/Med	\$	316.16	\$		\$	316.16	\$	316.16	\$	316.16	\$	316.16	\$	316.16		316.16
	M2	Ret. Family 2 w/Med	\$	192.54	\$	192.54	\$	192.54	\$	192.54	\$	192.54	\$	192.54	\$	192.54	\$	192.54
Retired	Surviving Sr	oouse (billed monthly)																
RSPS	FM	Spouse and Family	\$	1,741.31	\$ ·	1,741.31	\$ 1	1,741.31	\$	1,741.31	\$	1,741.31	\$	1,741.31	\$ ·	1,741.31	\$1	,741.31
	M1	Spouse w/Medicare		,179.56		,179.56		,179.56		1,179.56		1,179.56		\$1,179.56		1,179.56		,179.56
	Absonco (b	illed monthly)																
LOA	SN	LOA Single	\$	1,114.94	\$	1,114.94	\$ 1	1,114.94	\$	1,114.94	\$	1,114.94	\$	1,114.94	\$ ·	1,114.94	\$ 1	,114.94
-0/1	WD	LOA Single w/Dep		2,032.20		2,032.20		2,032.20	↓ \$	2,032.20	\$	2,032.20	\$	2,032.20		2,032.20		2,032.20
	FM	LOA Family		2,856.25		2,856.25		2,856.25	\$	2,856.25	\$	2,856.25	\$	2,856.25		2,856.25		,856.25
00001																		
	(billed mont			407.04	<b>6</b> 4	407.04	<b>•</b> 4	407.04	<u>م</u>	4 407 04	Ċ.	4 4 0 7 0 4	<u> </u>	¢4 407 04	<b>^</b>	407.04	<b>.</b>	407.01
CBRA	SN	Cobra Single		,137.24		,137.24		,137.24		1,137.24		1,137.24		\$1,137.24		1,137.24		,137.24
	WD	Cobra Single w/Dep		2,072.84		,072.84		,072.84		2,072.84		2,072.84		\$2,072.84		2,072.84		,072.84
	FM	Cobra Family	\$2	2,913.38	\$2,	,913.38	\$2,	,913.38	\$	2,913.38	\$2	2,913.38	1	\$2,913.38	\$2	2,913.38	\$2,	,913.38

LIFE INSURANCE				MANG / Deputies N-UNION (1529)		Corrections (2390)		Sheriff's Supervisor	Indigent Defenders	
Active	(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
<u>Retired</u>	(billed m SN DP	oonthly - all units) Single/hired before 6/1/80 Family/hired before 6/1/80	0.00 2.50		Emp. # 1-259 Emp. # 1-259					
	SA FA	Single/hired after 6/1/80 Family/hired after 6/1/80	3.95 6.45		Emp. # 260+ Emp. # 260+					

DENTAL INSURAN	CSEA (1000)	SW (8427)	MANG / N-UNION	Deputies (1529)	Corrections (2390)	Corrections Supervisor	Sheriff's Supervisor	Indigent Defenders	
<u>Active</u> (payroll deduction)	Single Single w/children 2 person-no children Family	\$0.00 N/A N/A \$49.03	\$0.00 N/A N/A \$49.03	N/A N/A	\$0.00 \$13.84 \$13.84 \$30.23	\$39.66 \$39.66	N/A N/A	\$13.84 \$13.84	\$0.00 N/A N/A \$49.03
Retired (billed monthly)	Single Single w/children 2 person-no children Family	N/A N/A N/A N/A	N/A N/A N/A N/A	N/A	62.70 92.70 92.70 128.20	N/A N/A	N/A N/A N/A N/A	92.70 92.70	N/A N/A N/A N/A

#### CSEA Dental rates change July 1st

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

### VISION INSURANCE

#### CSEA DENTAL/VISION COBRA COVERAGE

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.

Active All County Employees with the exception of Deputy Supervisors and Deputies bargaining unit members: Single: no charge Family: \$2.25 per pay period