

## Bonneville County Insurance Rates

Rates For Plan Year Beginning November 1, 2018

Blue Cross PPO \$750/\$1,500 Deductible ASC and Delta Dental/Willamette Dental

Drug Formulary - \$10/\$25/\$40 Co-Insurance - \$3,750 In-Network Out-of-Pocket Maximum (including deductible & copays)

	Full Premium		County Share				Employee Share		
	Blue Cross	Dental	Code	Blue Cross	Code	Dental	Code	Monthly	Pay Period
<b>Single</b>	693.93	39.31	MED	693.93	DENTAL	39.31		-	-
<b>Two Party</b>	1,504.78	72.10	MED-1	1,261.53	DENT-1	72.10	MED-1E	243.26	121.63
<b>Family</b>	1,991.99	130.20	MED-3	1,602.57	DENT-3	130.20	MED-3E	389.42	194.71
<b>Two Party No Spouse</b>	1,063.65	72.10	MED-4	952.73	DENT-4	72.10	MED-4E	110.92	55.46
<b>Family No Spouse</b>	1,254.78	130.20	MED-5	1,086.53	DENT-5	130.20	MED-5E	168.26	84.13
<b>Family Husband &amp; Wife Both Employed</b>	1,991.99	130.20	MED-6	1,823.74	DENT-6	130.20	MED-6E	168.26	84.13

**Note:** Health insurance rates above are for a \$750 individual/\$1,500 aggregate family deductible Blue Cross PPO policy.

**COBRA Continuation Coverage:** When an employee or an enrolled dependent become ineligible for coverage in the County group health plans for any reason other than gross misconduct, they may be entitled to continue their coverage at their own expense for up to 18 months or longer depending on circumstances. Blue Cross and Delta Dental will add 2% to the full premium rate indicated above for COBRA continuation coverage as allowed by law. Estimated COBRA continuation coverage premiums for Blue Cross and Delta Dental coverage are listed below:

	Estimated COBRA Monthly Rates		
	Blue Cross PPO Plan	Delta Dental	Willamette
	750/1,500 Deductible	PPO Plan	Dental
<b>Single</b>	707.81	40.10	45.44
<b>Two Party</b>	1,534.88	73.54	83.33
<b>Family</b>	2,031.83	132.80	150.45
<b>Two Party No Spouse</b>	1,084.92	73.54	83.33
<b>Family No Spouse</b>	1,279.88	132.80	150.45