

2020 Monthly Employer and COBRA Premium Rates

Aetna PPO 1	Employer Premium	COBRA Premium
You	\$826.60	\$843.13
You + Spouse/LDA	\$1612.65	\$1644.90
You + Child(ren)	\$1458.12	\$1487.28
Family (You + Spouse/LDA + Child(ren))	\$2370.11	\$2417.51

Aetna PPO 2	Employer Premium	COBRA Premium
You	\$787.77	\$803.53
You + Spouse/LDA	\$1534.52	\$1565.21
You + Child(ren)	\$1387.72	\$1415.47
Family (You + Spouse/LDA + Child(ren))	\$2254.11	\$2299.19

Aetna PPO 3 HSA	Employer Premium	COBRA Premium
You	\$686.82	\$700.56
You + Spouse/LDA	\$1331.38	\$1358.01
You + Child(ren)	\$1204.66	\$1228.75
Family (You + Spouse/LDA + Child(ren))	\$1952.49	\$1991.54

VSP Vision	Premium	COBRA Premium
You	\$9.86	\$10.06
You + Spouse/LDA	\$15.65	\$15.96
You + Child(ren)	\$15.97	\$16.29
Family (You + Spouse/LDA + Child(ren))	\$25.77	\$26.29

Delta Dental	Employer Premium	COBRA Premium
You	\$31.27	\$31.90
You + Spouse/LDA	\$62.49	\$63.74
You + Child(ren)	\$72.21	\$73.65
Family (You + Spouse/LDA + Child(ren))	\$103.45	\$105.52

Guardian/1 st Commonwealth	Employer Premium	COBRA Premium
You	\$19.86	\$20.26
You + Spouse/LDA	\$35.99	\$36.71
You + Child(ren)	\$39.71	\$40.50
Family (You + Spouse/LDA + Child(ren))	\$58.32	\$59.49

