

2021 SLEBC Insurance Rates

Coverage	2021 Premium	Employee Responsibility	State Responsibility	Bi-Weekly Employee Responsibility	Bi-Weekly State Responsibility	COBRA
Employee	\$789.92	\$134.29	\$655.63	\$67.14	\$327.82	\$805.72
Employee + Spouse	\$1,689.69	\$287.25	\$1,402.44	\$143.62	\$701.22	\$1,723.48
Employee + Child(ren)	\$1,396.71	\$237.44	\$1,159.27	\$118.72	\$579.63	\$1,424.64
Family	\$2,091.56	\$355.57	\$1,735.99	\$177.78	\$868.00	\$2,133.39

Dental	2021 Premium	Employee Responsibility	State Responsibility	Bi-Weekly Employee Responsibility	Bi-Weekly State Responsibility	COBRA
Employee	\$34.68	\$18.68	\$16.00	\$9.34	\$8.00	\$35.37
Employee + Spouse	\$68.05	\$46.05	\$22.00	\$23.03	\$11.00	\$69.41
Employee + Child(ren)	\$98.71	\$76.71	\$22.00	\$38.36	\$11.00	\$100.68
Family	\$106.72	\$78.72	\$28.00	\$39.36	\$14.00	\$108.85

Vision	2021 Premium	Employee Responsibility	Bi-Weekly Employee Responsibility	COBRA
Employee	\$14.09	\$14.09	\$7.05	\$14.37
Employee + Spouse	\$22.54	\$22.54	\$11.27	\$22.99
Employee + Child(ren)	\$23.01	\$23.01	\$11.51	\$23.47
Family	\$37.10	\$37.10	\$18.55	\$37.84