

**Local Government Health Insurance Program
CY2025 Premiums**

Active Employee Premiums - Preferred			
	Single	Family	Total
Employee (dental)	\$637		\$637
Employee & dependent (dental)	\$637	\$916	\$1,553
Employee (no dental)	\$609		\$609
Employee & dependent (no dental)	\$609	\$874	\$1,483

Retiree (not Medicare)			
	Single	Family	Total
Retiree (not Medicare) (dental)	\$1,316		\$1,316
Retiree (not Medicare) & dependent (not Medicare) (dental)	\$1,316	\$1,111	\$2,427
Retiree (not Medicare) & dependent (Medicare) (dental)	\$1,316	\$211	\$1,527
Retiree (not Medicare) & 2 dependents (Medicare) (dental)	\$1,316	\$422	\$1,738
Retiree (not Medicare) (no dental)	\$1,288		\$1,288
Retiree (not Medicare) & dependent (not Medicare) (no dental)	\$1,288	\$1,069	\$2,357
Retiree (not Medicare) & dependent (Medicare) (no dental)	\$1,288	\$183	\$1,471
Retiree (not Medicare) & 2 dependents (Medicare) (no dental)	\$1,288	\$366	\$1,654

COBRA - Preferred			
	Single	Family	Total
Employee (dental)	\$650		\$650
Medicare employee (dental)	\$215		\$215
Employee & dependent (not Medicare) (dental)	\$650	\$934	\$1,584
Medicare employee & dependent (not Medicare) (dental)	\$215	\$934	\$1,149
Medicare employee & dependent (Medicare) (dental)	\$215	\$215	\$430
Employee & dependent (Medicare) (dental)	\$650	\$215	\$865
Employee (no dental)	\$621		\$621
Medicare employee (no dental)	\$187		\$187
Employee & dependent (not Medicare) (no dental)	\$621	\$891	\$1,512
Medicare employee & dependent (not Medicare) (no dental)	\$187	\$891	\$1,078
Medicare employee & dependent (Medicare) (no dental)	\$187	\$187	\$374
Employee & dependent (Medicare) (no dental)	\$621	\$187	\$808

Retiree (not Medicare) COBRA			
	Single	Family	Total
Retiree (not Medicare) (dental)	\$1,342		\$1,342
Retiree (not Medicare) & dependent (not Medicare) (dental)	\$1,342	\$1,132	\$2,474
Retiree (not Medicare) & dependent (Medicare) (dental)	\$1,342	\$215	\$1,557
Retiree (not Medicare) & 2 dependents (Medicare) (dental)	\$1,342	\$430	\$1,772
Retiree (not Medicare) (no dental)	\$1,314		\$1,314
Retiree (not Medicare) & dependent (not Medicare) (no dental)	\$1,314	\$1,090	\$2,404
Retiree (not Medicare) & dependent (Medicare) (no dental)	\$1,314	\$187	\$1,501
Retiree (not Medicare) & 2 dependents (Medicare) (no dental)	\$1,314	\$373	\$1,687

COBRA Disabled - Preferred			
	Single	Family	Total
COBRA Disabled (dental)	\$956		\$956
COBRA Disabled Medicare (dental)	\$317		\$317
COBRA Disabled & dependent (dental)	\$956	\$934	\$1,890
COBRA Disabled Medicare & dependent (dental)	\$317	\$934	\$1,251
COBRA Disabled & dependent (Medicare) (dental)	\$956	\$215	\$1,171
COBRA Disabled Medicare & dependent (Medicare) (dental)	\$317	\$215	\$532
COBRA Disabled (no dental)	\$914		\$914
COBRA Disabled Medicare (no dental)	\$275		\$275
COBRA Disabled & dependent (no dental)	\$914	\$891	\$1,805
COBRA Disabled Medicare & dependent (no dental)	\$275	\$891	\$1,166
COBRA Disabled & dependent (Medicare) (no dental)	\$914	\$187	\$1,101
COBRA Disabled Medicare & dependent (Medicare) (no dental)	\$275	\$187	\$462

Southland			
	Single	Family	Total
Vision	\$12	\$20	\$20
Dental	\$44	\$44	\$44
Cancer	\$12	\$24	\$24

Active Employee Premiums - Standard			
	Single	Family	Total
Employee (dental)	\$697		\$697
Employee & dependent (dental)	\$697	\$1,064	\$1,761
Employee (no dental)	\$669		\$669
Employee & dependent (no dental)	\$669	\$1,022	\$1,691

Retiree (Medicare)			
	Single	Family	Total
Retiree (Medicare) (dental)	\$211		\$211
Retiree (Medicare) & dependent (not Medicare) (dental)	\$211	\$914	\$1,125
Retiree (Medicare) & dependent (Medicare) (dental)	\$211	\$211	\$422
Retiree (Medicare) & 2 dependents (Medicare) (dental)	\$211	\$422	\$633
Retiree (Medicare) (no dental)	\$183		\$183
Retiree (Medicare) & dependent (not Medicare) (no dental)	\$183	\$872	\$1,055
Retiree (Medicare) & dependent (Medicare) (no dental)	\$183	\$183	\$366
Retiree (Medicare) & 2 dependents (Medicare) (no dental)	\$183	\$366	\$549

COBRA - Standard			
	Single	Family	Total
Employee (dental)	\$711		\$711
Medicare employee (dental)	\$215		\$215
Employee & dependent (not Medicare) (dental)	\$711	\$1,085	\$1,796
Medicare employee & dependent (not Medicare) (dental)	\$215	\$1,085	\$1,300
Medicare employee & dependent (Medicare) (dental)	\$215	\$215	\$430
Employee & dependent (Medicare) (dental)	\$711	\$215	\$926
Employee (no dental)	\$682		\$682
Medicare employee (no dental)	\$187		\$187
Employee & dependent (not Medicare) (no dental)	\$682	\$1,042	\$1,724
Medicare employee & dependent (not Medicare) (no dental)	\$187	\$1,042	\$1,229
Medicare employee & dependent (Medicare) (no dental)	\$187	\$187	\$374
Employee & dependent (Medicare) (no dental)	\$682	\$187	\$869

Retiree (Medicare) COBRA			
	Single	Family	Total
Retiree (Medicare) (dental)	\$215		\$215
Retiree (Medicare) & dependent (not Medicare) (dental)	\$215	\$933	\$1,148
Retiree (Medicare) & dependent (Medicare) (dental)	\$215	\$215	\$430
Retiree (Medicare) & 2 dependents (Medicare) (dental)	\$215	\$430	\$645
Retiree (Medicare) (no dental)	\$187		\$187
Retiree (Medicare) & dependent (not Medicare) (no dental)	\$187	\$889	\$1,076
Retiree (Medicare) & dependent (Medicare) (no dental)	\$187	\$187	\$374
Retiree (Medicare) & 2 dependents (Medicare) (no dental)	\$187	\$373	\$560

COBRA Disabled - Standard			
	Single	Family	Total
COBRA Disabled (dental)	\$1,046		\$1,046
COBRA Disabled Medicare (dental)	\$317		\$317
COBRA Disabled & dependent (dental)	\$1,046	\$1,085	\$2,131
COBRA Disabled Medicare & dependent (dental)	\$317	\$1,085	\$1,402
COBRA Disabled & dependent (Medicare) (dental)	\$1,046	\$215	\$1,261
COBRA Disabled Medicare & dependent (Medicare) (dental)	\$317	\$215	\$532
COBRA Disabled (no dental)	\$1,004		\$1,004
COBRA Disabled Medicare (no dental)	\$275		\$275
COBRA Disabled & dependent (no dental)	\$1,004	\$1,042	\$2,046
COBRA Disabled Medicare & dependent (no dental)	\$275	\$1,042	\$1,317
COBRA Disabled & dependent (Medicare) (no dental)	\$1,004	\$187	\$1,191
COBRA Disabled Medicare & dependent (Medicare) (no dental)	\$275	\$187	\$462

Southland - COBRA			
	Single	Family	Total
Vision	\$12	\$20	\$20
Dental	\$46	\$46	\$46
Cancer	\$12	\$24	\$24