Local Government Health Insurance Program
CY2027 Premiums

Active Employee Premiums - Preferred	Single	Family	Total
Employee (dental)	$688		$688
Employee & dependent (dental)	$688	$988	$1,676
Employee (no dental)	$658		$658
Employee & dependent (no dental)	$658	$943	$1,601

Active Employee Premiums - Standard	Single	Family	Total
Employee (dental)	$753		$753
Employee & dependent (dental)	$753	$1,148	$1,901
Employee (no dental)	$723		$723
Employee & dependent (no dental)	$723	$1,103	$1,826

Retiree (not Medicare)	Single	Family	Total
Retiree (not Medicare) (dental)	$1,421		$1,421
Retiree (not Medicare) & dependent (not Medicare) (dental)	$1,421	$1,200	$2,621
Retiree (not Medicare) & dependent (Medicare) (dental)	$1,421	$228	$1,649
Retiree (not Medicare) & 2 dependents (Medicare) (dental)	$1,421	$456	$1,877
Retiree (not Medicare) (no dental)	$1,391		$1,391
Retiree (not Medicare) & dependent (not Medicare) (no dental)	$1,391	$1,155	$2,546
Retiree (not Medicare) & dependent (Medicare) (no dental)	$1,391	$198	$1,589
Retiree (not Medicare) & 2 dependents (Medicare) (no dental)	$1,391	$396	$1,787

Retiree (Medicare)	Single	Family	Total
Retiree (Medicare) (dental)	$228		$228
Retiree (Medicare) & dependent (not Medicare) (dental)	$228	$986	$1,214
Retiree (Medicare) & dependent (Medicare) (dental)	$228	$228	$456
Retiree (Medicare) & 2 dependents (Medicare) (dental)	$228	$456	$684
Retiree (Medicare) (no dental)	$198		$198
Retiree (Medicare) & dependent (not Medicare) (no dental)	$198	$941	$1,139
Retiree (Medicare) & dependent (Medicare) (no dental)	$198	$198	$396
Retiree (Medicare) & 2 dependents (Medicare) (no dental)	$198	$396	$594

COBRA - Preferred	Single	Family	Total
Employee (dental)	$702		$702
Medicare employee (dental)	$233		$233
Employee & dependent (not Medicare) (dental)	$702	$1,008	$1,710
Medicare employee & dependent (not Medicare) (dental)	$233	$1,008	$1,241
Medicare employee & dependent (Medicare) (dental)	$233	$233	$466
Employee & dependent (Medicare) (dental)	$702	$233	$935
Employee (no dental)	$671		$671
Medicare employee (no dental)	$202		$202
Employee & dependent (not Medicare) (no dental)	$671	$962	$1,633
Medicare employee & dependent (not Medicare) (no dental)	$202	$962	$1,164
Medicare employee & dependent (Medicare) (no dental)	$202	$202	$404
Employee & dependent (Medicare) (no dental)	$671	$202	$873

COBRA - Standard	Single	Family	Total
Employee (dental)	$768		$768
Medicare employee (dental)	$233		$233
Employee & dependent (not Medicare) (dental)	$768	$1,171	$1,939
Medicare employee & dependent (not Medicare) (dental)	$233	$1,171	$1,404
Medicare employee & dependent (Medicare) (dental)	$233	$233	$466
Employee & dependent (Medicare) (dental)	$768	$233	$1,001
Employee (no dental)	$737		$737
Medicare employee (no dental)	$202		$202
Employee & dependent (not Medicare) (no dental)	$737	$1,125	$1,862
Medicare employee & dependent (not Medicare) (no dental)	$202	$1,125	$1,327
Medicare employee & dependent (Medicare) (no dental)	$202	$202	$404
Employee & dependent (Medicare) (no dental)	$737	$202	$939

Retiree (not Medicare) COBRA	Single	Family	Total
Retiree (not Medicare) (dental)	$1,449		$1,449
Retiree (not Medicare) & dependent (not Medicare) (dental)	$1,449	$1,223	$2,672
Retiree (not Medicare) & dependent (Medicare) (dental)	$1,449	$233	$1,682
Retiree (not Medicare) & 2 dependents (Medicare) (dental)	$1,449	$466	$1,915
Retiree (not Medicare) (no dental)	$1,419		$1,419
Retiree (not Medicare) & dependent (not Medicare) (no dental)	$1,419	$1,178	$2,597
Retiree (not Medicare) & dependent (Medicare) (no dental)	$1,419	$202	$1,621
Retiree (not Medicare) & 2 dependents (Medicare) (no dental)	$1,419	$404	$1,823

Retiree (Medicare) COBRA	Single	Family	Total
Retiree (Medicare) (dental)	$233		$233
Retiree (Medicare) & dependent (not Medicare) (dental)	$233	$1,006	$1,239
Retiree (Medicare) & dependent (Medicare) (dental)	$233	$233	$466
Retiree (Medicare) & 2 dependents (Medicare) (dental)	$233	$466	$699
Retiree (Medicare) (no dental)	$202		$202
Retiree (Medicare) & dependent (not Medicare) (no dental)	$202	$960	$1,162
Retiree (Medicare) & dependent (Medicare) (no dental)	$202	$202	$404
Retiree (Medicare) & 2 dependents (Medicare) (no dental)	$202	$404	$606

COBRA Disabled - Preferred	Single	Family	Total
COBRA Disabled (dental)	$1,032		$1,032
COBRA Disabled Medicare (dental)	$342		$342
COBRA Disabled & dependent (dental)	$1,032	$1,008	$2,040
COBRA Disabled Medicare & dependent (dental)	$342	$1,008	$1,350
COBRA Disabled & dependent (Medicare) (dental)	$1,032	$233	$1,265
COBRA Disabled Medicare & dependent (Medicare) (dental)	$342	$233	$575
COBRA Disabled (no dental)	$987		$987
COBRA Disabled Medicare (no dental)	$297		$297
COBRA Disabled & dependent (no dental)	$987	$962	$1,949
COBRA Disabled Medicare & dependent (no dental)	$297	$962	$1,259
COBRA Disabled & dependent (Medicare) (no dental)	$987	$202	$1,189
COBRA Disabled Medicare & dependent (Medicare) (no dental)	$297	$202	$499

COBRA Disabled - Standard	Single	Family	Total
COBRA Disabled (dental)	$1,130		$1,130
COBRA Disabled Medicare (dental)	$342		$342
COBRA Disabled & dependent (dental)	$1,130	$1,171	$2,301
COBRA Disabled Medicare & dependent (dental)	$342	$1,171	$1,513
COBRA Disabled & dependent (Medicare) (dental)	$1,130	$233	$1,363
COBRA Disabled Medicare & dependent (Medicare) dental)	$342	$233	$575
COBRA Disabled (no dental)	$1,085		$1,085
COBRA Disabled Medicare (no dental)	$297		$297
COBRA Disabled & dependent (no dental)	$1,085	$1,125	$2,210
COBRA Disabled Medicare & dependent (no dental)	$297	$1,125	$1,422
COBRA Disabled & dependent (Medicare) (no dental)	$1,085	$202	$1,287
COBRA Disabled Medicare & dependent (Medicare) (no dental)	$297	$202	$499

Southland	Single	Family	Total
Vision	$12	$8	$20
Dental	$44	$0	$44
Cancer	$12	$12	$24

Southland - COBRA	Single	Family	Total
Vision	$12	$8	$20
Dental	$46	$0	$46
Cancer	$12	$12	$24

Southland Dental and Vision rates for LGHIB employees:	Single	Family
SL Vision	$ 12	$ 20
SL Dental	$ 8	$ 15
SL Cancer	$ 12	$ 24