|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2020 Foth COBRA**  **Health Care Premiums** | | | | |
| (Effective January 1, 2020) | | | | |
|  | **Member Premium Per Month** | | | |
| **Medical – HSA Plan** |  | |  |  |
| Single |  |  | | $547 |
| Family |  |  | | $1470 |
|  |  | |  |  |
|  | **Member Premium Per Month** | | | |
| **Dental** | **Deluxe** | |  | **Basic** |
| Single | $56 | |  | $34 |
| Member +1 | $143 | |  | $81 |
| Family | $149 | |  | $99 |
|  |  | |  |  |
|  | **Member Premium Per Month** | | | |
| **Vision** |  | |  | **Basic** |
| Single |  | |  | $11 |
| Member +1 |  | |  | $23 |
| Family |  | |  | $30 |