

Monthly Insurance Premuim Rates - 2018

	Employ	ee Only	Employee +1 or more			
	Under 70	Age 70+	Under 70	Age 70+		
ING Life	\$1.04	\$0.68	\$1.43	\$0.93		

	Employee Only	Employee +1	Employee +2 or more
Delta Dental	\$39.70	\$73.30	\$122.40

	Employee Only	Employee +1	Employee +2 or more
VSP - Vision	\$6.07	\$13.11	\$21.69

										(Contact HR for eligibility requirements)			(Proof of PORAC membership required)			
	Lake County Bronze			Lake County ABHP		Lake County PPO 80		Lake County EPO			Lake County PPO Law Enforcement					
	Emp Only	Emp +1	Emp + 2	Emp Only	Emp +1	Emp + 2	Emp Only	Emp +1	Emp +2	Emp Only	Emp +1	Emp +2	Emp Only	Emp +1	Emp +2	
Health Premium	\$711.00	\$1,420.00	\$1,845.00	\$746.00	\$1,490.00	\$1,936.00	\$812.00	\$1,624.00	\$2,110.00	\$1,061.00	\$2,123.00	\$2,759.00	\$785.00	\$1,465.00	\$1,861.00	