FY17 Health Plan Contributions

A health plan cannot be added if not currently in force. However, if coverage is currently in force, a spouse and/or dependent(s) can be added to the plan.

FY17 RETIREE MONTHLY CONTRIBUTION RATES		
Coverage Level	$750 Deductible Plan Contributions*	$1,800 Deductible Plan with HSA Contributions*
Retiree	$1,044.49	$501.11
Retiree + Spouse	$2,281.44	$935.38
Retiree + Child(ren)	$1,314.13	$604.78
Family	$2,551.08	$1,039.05
* $60 per person, per month will be added to your health plan contribution if you and/or your spouse use tobacco products.		

FY17 COBRA MONTHLY CONTRIBUTION RATES		
Coverage Level	$750 Deductible Plan Contributions*	$1,800 Deductible Plan with HSA Contributions*
Participation Only	$600.89	$563.24
Participant + Spouse	$1,297.79	$1,216.04
Participant + Child(ren)	$923.17	$867.14
Family	$1,619.43	$1,519.30
* $60 per person, per month will be added to your health plan contribution if you and/or your spouse use tobacco products.		