

**Aetna Health  
2019 Rates**

HRA	2019 Premium	Employer Contribution (Month)	2019 EE Contribion (Month)	Per Pay	Retiree	COBRA
Employee Only	\$810.50	\$810.50	\$0.00	\$0.00	\$810.50	\$826.71
Employee & Spouse	\$1,501.83	\$810.50	\$691.33	\$345.67	\$1,501.83	\$1,531.87
Employee & Child(ren)	\$1,397.31	\$810.50	\$586.81	\$293.41	\$1,397.31	\$1,425.26
Employee & Family	\$1,727.03	\$810.50	\$916.53	\$458.27	\$1,727.03	\$1,761.57
Dual	\$1,621.00		\$106.03	\$53.02		
POS	2019 Premium	Employer Contribution (Month)	2019 EE Contrib (Month)	Per Pay	Retiree	COBRA
Employee Only	\$1,178.79	\$810.50	\$368.29	\$184.15	\$1,178.79	\$1,202.37
Employee & Spouse	\$2,185.90	\$810.50	\$1,375.40	\$687.70	\$2,185.90	\$2,229.62
Employee & Child(ren)	\$2,033.68	\$810.50	\$1,223.18	\$611.59	\$2,033.68	\$2,074.35
Employee & Family	\$2,513.83	\$810.50	\$1,703.33	\$851.67	\$2,513.83	\$2,564.11
Dual	\$1,621.00		\$892.83	\$446.42		