RICHARD R. FRANK
DIRECTOR OF PERSONNEL

The City of St. Louis

DEPARTMENT OF PERSONNEL
BENEFITS SECTION
1114 MARKET STREET, ROOM 900
ST. LOUIS, MISSOURI 63101-2043

LYDA KREWSON
MAYOR

Employee Benefits Section, COBRA Group Plan 2019-2020 Rates

Medical Plan High Option	Coverage	Monthly Premium*
	Member Only	$772.44
	Member + Spouse	$1,622.11
	Member + Child(ren)	$1,390.16
	Member + Family	$2,317.24
Medical Plan Low Option	Member Only	$651.32
	Member + Spouse	$1,367.88
	Member + Child(ren)	$1,172.44
	Member + Family	$1,954.02
Medical Plan High Deductible Option	Member Only	$561.86
	Member + Spouse	$1,180.00
	Member + Child(ren)	$1,011.41
	Member + Family	$1,685.65

Dental Source Free Access Plan	Coverage	Monthly Premium*
	Member Only	$13.16
	Member + One	$21.83
	Family	$33.90
Dental Source E Plan	Member Only	$8.14
	Member + One	$13.76
	Family	$20.36
Delta Dental Plan Without Ortho	Member Only	$18.41
	Member + One	$34.28
	Family	$50.14
Delta Dental Plan With Ortho (Coverage to Age 19)	Member Only	Not Available
	Member + One	$37.40
	Family	$62.90

Rates include a 2% administration fee.

City of St. Louis Employee Benefits Section, 1114 Market Street, Suite 900, St. Louis, Missouri 63101,Tel, 314-622-5743, 314-622-5726, Fax, 314-622-7405.