

**Aetna Health  
2017 Rates**

HRA	2017 Premium	Employer Contribution (Month)	2017 EE Contribution (Month)	Per Pay	Retiree	COBRA
Employee Only	\$785.75	\$785.75	\$0.00	\$0.00	\$785.75	\$801.47
Employee & Spouse	\$1,455.97	\$785.75	\$670.22	\$335.11	\$1,455.97	\$1,485.09
Employee & Child(ren)	\$1,354.64	\$785.75	\$568.89	\$284.45	\$1,354.64	\$1,381.73
Employee & Family	\$1,674.29	\$785.75	\$888.54	\$444.27	\$1,674.29	\$1,707.78
Dual	\$1,571.50		\$102.79	\$51.40		
POS	2017 Premium	Employer Contribution (Month)	2017 EE Contribution (Month)	Per Pay	Retiree	COBRA
Employee Only	\$1,142.79	\$785.75	\$357.04	\$178.52	\$1,142.79	\$1,165.65
Employee & Spouse	\$2,119.15	\$785.75	\$1,333.40	\$666.70	\$2,119.15	\$2,161.53
Employee & Child(ren)	\$1,971.58	\$785.75	\$1,185.83	\$592.92	\$1,971.58	\$2,011.01
Employee & Family	\$2,437.06	\$785.75	\$1,651.31	\$825.66	\$2,437.06	\$2,485.80
Dual	\$1,571.50		\$865.56	\$432.78		