



COBRA RATES Effective 9/1/2019

MEDICAL



(Plan Year 9/1/2019 – 8/31/2020)

PPO	PREMIUM RATE	COBRA RATE (includes 2% fee)
Employee	\$ 780.70	\$ 796.31
Employee + Spouse	\$1,509.83	\$1,540.03
Employee + Child(ren)	\$1,448.90	\$1,477.88
Family	\$2,241.69	\$2,286.52
HSA	PREMIUM RATE	COBRA RATE (includes 2% fee)
Employee	\$ 663.60	\$ 676.87
Employee + Spouse	\$1,283.36	\$1,309.03
Employee + Child(ren)	\$1,231.57	\$1,256.20
Family	\$1,905.44	\$1,943.55
BAHMO	PREMIUM RATE	COBRA RATE (includes 2% fee)
Employee	\$ 655.79	\$ 668.91
Employee + Spouse	\$1,268.26	\$1,293.63
Employee + Child(ren)	\$1,217.08	\$1,241.42
Family	\$1,883.02	\$1,920.68



DENTAL

(Plan Year 9/1/2019 – 8/31/2020)

PPO	PREMIUM RATE	COBRA RATE (includes 2% fee)
Employee	\$ 38.39	\$ 39.16
Employee + Spouse	\$ 91.25	\$ 93.08
Employee + Child(ren)	\$ 87.57	\$ 89.32
Family	\$135.49	\$138.20
HMO	PREMIUM RATE	COBRA RATE (includes 2% fee)
Employee	\$ 34.67	\$ 35.36
Employee + Spouse	\$ 66.79	\$ 68.13
Employee + Child(ren)	\$ 73.55	\$ 75.02
Family	\$110.90	\$113.12



VISION

(Plan Year 9/1/2018 – 8/31/2022)

	PREMIUM RATE	COBRA RATE (includes 2% fee)
Employee	\$ 6.59	\$ 6.72
Employee + Spouse	\$ 12.51	\$ 12.76
Employee + Child(ren)	\$ 13.18	\$ 13.44
Family	\$ 19.36	\$ 19.75