



COBRA RATES Effective 9/1/2020

MEDICAL



(Plan Year 9/1/2020 – 8/31/2021)

PPO	PREMIUM RATE	COBRA RATE (includes 2% fee)
Employee	\$ 796.31	\$ 812.24
Employee + Spouse	\$1,540.03	\$1,570.83
Employee + Child(ren)	\$1,477.88	\$1,507.44
Family	\$2,286.52	\$2,332.25
HSA	PREMIUM RATE	COBRA RATE (includes 2% fee)
Employee	\$ 676.87	\$ 690.41
Employee + Spouse	\$1,309.03	\$1,335.21
Employee + Child(ren)	\$1,256.20	\$1,281.32
Family	\$1,943.55	\$1,982.42
BAHMO	PREMIUM RATE	COBRA RATE (includes 2% fee)
Employee	\$ 668.91	\$ 682.29
Employee + Spouse	\$1,293.63	\$1,319.50
Employee + Child(ren)	\$1,241.42	\$1,266.25
Family	\$1,920.68	\$1,959.09

DENTAL



(Plan Year 9/1/2020 – 8/31/2021)

PPO	PREMIUM RATE	COBRA RATE (includes 2% fee)
Employee	\$ 42.46	\$ 43.31
Employee + Spouse	\$100.92	\$102.94
Employee + Child(ren)	\$ 96.85	\$ 98.79
Family	\$149.85	\$152.85
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