



**COBRA MONTHLY HEALTH RATES**

(2% Administrative Fee included)

**JANUARY 1, 2018**

**AETNA**

**PREMIER HMO**

Employee Only	\$ 576.87
+ One Dependent	1,217.19
+ Family (2 or more Dependents)	1,701.76

**PREMIER PLUS HMO**

Employee Only	\$ 667.87
+ One Dependent	1,409.16
+ Family (2 or more Dependents)	1,970.90

**PREMIER CHOICE HSA**

Employee Only	\$ 481.01
+ One Dependent	1,014.92
+ Family (2 or more Dependents)	1,418.97

**AETNA KIDS' PLANS**

**BASIC PLAN**

( 0 – 4 )

One Child	\$ 509.52
Two Children	1,019.07
Three or more Children	1,528.59

( 5 –26 )

One Child	\$ 221.53
Two Children	443.08
Three or more Children	664.61

**ENHANCED PLAN**

( 0 – 4 )

One Child	\$ 853.72
Two Children	1,707.44
Three or more Children	2,561.17

( 5 –26 )

One Child	\$ 371.17
Two Children	742.35
Three or more Children	1,113.51



## COBRA MONTHLY DENTAL/VISION RATES

(2% Administrative Fee included)

**JANUARY 1, 2018**

<b>DENTAL</b>	<b>COMPBENEFITS (HUMANA)</b>	<b>METLIFE</b>
<b><u>BASIC DHMO PLAN</u></b>		
Employee Only	\$ 8.94	\$ 10.98
+ One Dependent	15.47	18.81
+ Family (2 or more Dependents)	20.73	25.50
<b><u>ENHANCED DHMO PLAN</u></b>		
Employee Only	\$ 10.98	\$ 14.79
+ One Dependent	19.96	25.54
+ Family (2 or more Dependents)	26.85	34.29
<b><u>BASIC PPO PLAN</u></b>		
Employee Only	\$ 33.72	\$ 38.33
+ One Dependent	61.02	76.72
+ Family (2 or more Dependents)	91.29	118.16
<b><u>ENHANCED PPO PLAN</u></b>		
Employee Only	\$ 40.00	\$ 47.22
+ One Dependent	76.64	94.51
+ Family (2 or more Dependents)	119.89	164.40

<b>VISION</b>	<b>AETNA</b>	<b>COMPBENEFITS (HUMANA)</b>
<b><u>BASIC PLAN</u></b>		
Employee Only	\$ 3.55	\$ 3.53
+ One Dependent	7.87	8.57
+ Family (2 or more Dependents)	13.46	14.65
<b><u>ENHANCED PLAN</u></b>		
Employee Only	\$ 5.96	\$ 5.06
+ One Dependent	13.16	12.20
+ Family (2 or more Dependents)	22.57	20.91

Health & Kids' Plans on Reverse Side