COBRA Rates: July 1, 2014 - June 30, 2015

Medical Plans

HMO	**100% Rate**	**2% Fee**	**Total Amount**
Individual	$ 476.35	$ 9.53	**$ 485.88**
Employee + Spouse	$ 1,000.32	$ 20.01	**$ 1,020.33**
Employee + Child(ren)	$ 896.54	$ 17.93	**$ 914.47**
Family	$ 1,429.15	$ 28.58	**$ 1,457.73**

HRA/HSA	**100% Rate**	**2% Fee**	**Total Amount**
Individual	$ 357.51	$ 7.15	**$ 364.66**
Employee + Spouse	$ 750.72	$ 15.01	**$ 765.73**
Employee + Child(ren)	$ 672.67	$ 13.45	**$ 686.12**
Family	$ 1,072.81	$ 21.46	**$ 1,094.27**

Dental

Cigna PPO	**100% Rate**	**2% Fee**	**Total Amount**
Individual	$ 34.76	$ 0.70	**$ 35.46**
Individual + 1	$ 68.14	$ 1.36	**$ 69.50**
Individual + 2 or more	$ 100.41	$ 2.01	**$ 102.42**

Cigna DMO	**100 % Rate**	**2% Fee**	**Total Amount**
Individual	$ 8.02	$ 0.16	**$ 8.18**
Individual + 1	$ 15.24	$ 0.30	**$ 15.54**
Individual + 2 or more	$ 19.57	$ 0.39	**$ 19.96**

Vision

Avesis	**100% Rate**	**2% Fee**	**Total Amount**
Individual	$ 5.15	$ 0.10	**$ 5.25**
Individual + 1	$ 9.05	$ 0.18	**$ 9.23**
Individual + 2 or more	$ 13.32	$ 0.27	**$ 13.59**