COBRA Rates: July 1, 2015 - June 30, 2016

Medical Plans

HMO	**100% Rate**	**2% Fee**	**Total Amount**
Individual	$ 526.37	$ 10.53	**$ 536.90**
Employee + Spouse	$ 1,105.35	$ 22.11	**$ 1,127.46**
Employee + Child(ren)	$ 990.68	$ 19.81	**$ 1,010.49**
Family	$ 1,579.21	$ 31.58	**$ 1,610.79**

HRA/HSA	**100% Rate**	**2% Fee**	**Total Amount**
Individual	$ 395.05	$ 7.90	**$ 402.95**
Employee + Spouse	$ 829.55	$ 16.59	**$ 846.14**
Employee + Child(ren)	$ 743.30	$ 14.87	**$ 758.17**
Family	$ 1,185.46	$ 23.71	**$ 1,209.17**

Dental

Cigna PPO	**100% Rate**	**2% Fee**	**Total Amount**
Individual	$ 35.46	$ 0.71	**$ 36.17**
Individual + 1	$ 69.51	$ 1.39	**$ 70.90**
Individual + 2 or more	$ 102.43	$ 2.05	**$ 104.48**

Cigna DMO	**100 % Rate**	**2% Fee**	**Total Amount**
Individual	$ 8.18	$ 0.16	**$ 8.34**
Individual + 1	$ 15.55	$ 0.31	**$ 15.86**
Individual + 2 or more	$ 19.97	$ 0.40	**$ 20.37**

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**