COBRA Rates: July 1, 2020 - June 30, 2021

Medical Plans

HRA/HSA	**100% Rate**	**2% Fee**	**You Pay**
Individual	$ 503.58	$ 10.07	**$ 513.65**
Employee + Spouse	$ 1,057.44	$ 21.15	**$ 1,078.59**
Employee + Child(ren)	$ 947.48	$ 18.95	**$ 966.43**
Family	$ 1,511.11	$ 30.22	**$ 1,541.33**

Network *(formerly HMO)*	**100% Rate**	**2% Fee**	**You Pay**
Individual	$ 670.97	$ 13.42	**$ 684.39**
Employee + Spouse	$ 1,408.99	$ 28.18	**$ 1,437.17**
Employee + Child(ren)	$ 1,262.83	$ 25.26	**$ 1,288.09**
Family	$ 2,013.02	$ 40.26	**$ 2,053.28**

Dental

Cigna DPPO	**100% Rate**	**2% Fee**	**You Pay**
Individual	$ 38.17	$ 0.76	**$ 38.93**
Individual + 1	$ 74.82	$ 1.50	**$ 76.32**
Individual + 2 or more	$ 110.26	$ 2.21	**$ 112.47**

Cigna DHMO	**100 % Rate**	**2% Fee**	**You Pay**
Individual	$ 8.51	$ 0.17	**$ 8.68**
Individual + 1	$ 16.17	$ 0.32	**$ 16.49**
Individual + 2 or more	$ 20.77	$ 0.42	**$ 21.19**

Vision

Avesis	**100% Rate**	**2% Fee**	**You Pay**
Individual	$ 5.05	$ 0.10	**$ 5.15**
Individual + 1	$ 8.87	$ 0.18	**$ 9.05**
Individual + 2 or more	$ 13.05	$ 0.26	**$ 13.31**