



## COBRA

Cobra Rates (per month):  
(Effective June 1, 2018)

### Medical:

Item	Plan A (HSA-Eligible Plan)	Plan B
Employee Only	\$550.77	\$675.90
Employee + Spouse	\$1123.51	\$1378.75
Employee + Child(ren)	\$936.32	\$1149.04
Family	\$1762.45	\$2162.85

### Dental:

Item	Rate
Employee Only	\$51.89
Employee + Spouse	\$103.71
Employee + Child(ren)	\$88.17
Family	\$165.94

### Vision:

Item	Rate
Employee Only	\$6.76
Employee + Spouse	\$10.55
Employee + Child(ren)	\$10.77
Family	\$17.37

Please contact our COBRA administrator, Discovery Benefits, at 866-451-3399 with questions regarding your COBRA application/eligibility.