

COBRA Costs

2018 Plan Year Benefit Rates

January 1, 2018 - December 31, 2018

Monthly Premiums

Medical - Traditional	
Employee Only	\$445.21
Employee + Spouse	\$892.63
Employee + Child(ren)	\$728.84
Employee + Family	\$1,261.65

Medical - Liberty	
Employee Only	\$426.73
Employee + Spouse	\$855.59
Employee + Child(ren)	\$698.58
Employee + Family	\$1,209.29

Dental	Standard	Enhanced	Premier
Employee Only	\$20.31	\$26.86	\$31.83
Employee + Spouse	\$43.42	\$56.91	\$67.44
Employee + Child(ren)	\$45.85	\$63.23	\$74.93
Employee + Family	\$75.71	\$103.06	\$122.13

Vision	Standard	Premier
Employee Only	\$8.36	\$10.95
Employee + Spouse	\$16.30	\$21.35
Employee + Child(ren)	\$17.54	\$31.72
Employee + Family	\$18.64	\$33.70