

COBRA Costs

2018 Plan Year Benefit Rates

January 1, 2018 - December 31, 2018

Monthly Premiums

Medical - Traditional	
Employee Only	\$451.33
Employee + Spouse	\$904.88
Employee + Child(ren)	\$738.85
Employee + Family	\$1,278.97

Medical - Liberty	
Employee Only	\$432.58
Employee + Spouse	\$867.33
Employee + Child(ren)	\$708.17
Employee + Family	\$1,225.89

Dental	Standard	Enhanced	Premier
Employee Only	\$20.32	\$26.86	\$33.08
Employee + Spouse	\$43.42	\$56.92	\$70.07
Employee + Child(ren)	\$45.85	\$63.23	\$77.86
Employee + Family	\$75.71	\$103.06	\$126.90

Vision	Standard	Premier
Employee Only	\$8.19	\$10.94
Employee + Spouse	\$15.99	\$21.34
Employee + Child(ren)	\$17.20	\$31.72
Employee + Family	\$18.27	\$33.69