

COBRA Costs

2019 Plan Year Benefit Rates

January 1, 2019 - December 31, 2019

Monthly Premiums

| Medical - Traditional | |
|------------------------------|------------|
| Employee Only | \$491.39 |
| Employee + Spouse | \$985.22 |
| Employee + Child(ren) | \$804.43 |
| Employee + Family | \$1,392.51 |

| Medical - Liberty | |
|--------------------------|------------|
| Employee Only | \$470.99 |
| Employee + Spouse | \$944.34 |
| Employee + Child(ren) | \$771.04 |
| Employee + Family | \$1,334.73 |

| Dental | Standard | Enhanced | Premier |
|-----------------------|-----------------|-----------------|----------------|
| Employee Only | \$20.73 | \$27.40 | \$37.77 |
| Employee + Spouse | \$44.29 | \$58.06 | \$80.01 |
| Employee + Child(ren) | \$46.77 | \$64.49 | \$88.90 |
| Employee + Family | \$77.22 | \$105.12 | \$144.90 |

| Vision | Standard | Premier |
|-----------------------|-----------------|----------------|
| Employee Only | \$8.35 | \$14.00 |
| Employee + Spouse | \$16.31 | \$27.31 |
| Employee + Child(ren) | \$17.54 | \$40.57 |
| Employee + Family | \$18.64 | \$43.11 |