

## 2019 COBRA Insurance Rates (medical, dental, vision)

| Harvard Pilgrim Health Care  | Total Monthly Premium | 2% Admin Fee | Cobra Monthly Rates |
|------------------------------|-----------------------|--------------|---------------------|
| HMO-Individual               | \$755.34              | \$15.11      | \$770.45            |
| HMO- Family                  | \$2,046.99            | \$40.94      | \$2,087.93          |
| PPO Plus H.S.A. Individual - | \$642.04              | \$12.84      | \$654.88            |
| PPO Plus H.S.A. Family -     | \$1,739.32            | \$34.79      | \$1,774.11          |
| PPO- Individual (Closed)     | \$1,208.99            | \$24.18      | \$1,233.17          |
| PPO – Family (Closed)        | \$3,276.36            | \$65.53      | \$3,341.89          |
| Delta Dental                 | Total Monthly Premium | 2% Admin Fee | Cobra Monthly Rates |
| Delta Premier-IND            | \$56.82               | \$1.14       | \$57.96             |
| Delta Premier-FAM            | \$148.30              | \$2.97       | \$151.27            |
| Delta Care - IND             | \$37.65               | \$0.75       | \$38.40             |
| Delta Care - FAM             | \$93.06               | \$1.86       | \$94.92             |
| Eye Med Select Vision Plan   | Total Monthly Premium | 2% Admin Fee | Cobra Monthly Rates |
| Employee Only                | \$6.87                | \$0.14       | \$7.01              |
| Employee + Spouse            | \$13.05               | \$0.26       | \$13.31             |
| Employee + Child(ren)        | \$13.74               | \$0.27       | \$14.01             |
| Family                       | \$20.20               | \$0.40       | \$20.60             |