

Monthly Non-Union COBRA Rates for 2017

MEDICAL COBRA PREMIUMS FOR 2017 – Monthly

Coverage Tier	Consumer 5000	Consumer 6000	Consumer 6300
Employee Only	\$475.06	\$402.50	\$371.83
Employee + Spouse	\$1,187.65	\$997.53	\$927.25
Employee + Child(ren)	\$831.35	\$703.61	\$651.80
Employee+ Family	\$1,406.17	\$1,188.93	\$1,102.48

DELTA DENTAL COBRA RATES FOR 2017– Monthly

Coverage Tier	High Option	Low Option
Employee Only	\$36.31	\$17.79
Emp + Spouse	\$73.77	\$33.33
Emp + Child(ren)	\$63.44	\$31.64
Emp + Family	\$113.36	\$52.80

VISION COBRA RATES FOR 2017– Monthly

Coverage Tier	SPECTERA Vision	VSP Vision
Employee Only	\$7.81	\$10.48
Emp + Spouse	\$12.07	\$16.20
Emp + Child(ren)	\$12.32	\$16.54
Emp + Family	\$19.87	\$26.66