

Windstream 2020 COBRA Monthly Rates

Medical - Blue Cross Blue Shield or UMR	Carrier 1	Carrier 2
1850 Plan		
Employee Only	\$512.17	\$552.06
Employee + Spouse	\$1,280.44	\$1,380.16
Employee + Child(ren)	\$896.30	\$966.11
Family	\$1,516.05	\$1,634.10
2850 Plan		
Employee Only	\$444.41	\$478.91
Employee + Spouse	\$1,111.02	\$1,197.29
Employee + Child(ren)	\$777.72	\$838.10
Family	\$1,315.46	\$1,417.58
4500 Plan		
Employee Only	\$411.09	\$442.69
Employee + Spouse	\$1,027.73	\$1,106.72
Employee + Child(ren)	\$719.42	\$774.70
Family	\$1,216.83	\$1,310.34
6550 Plan		
Employee Only	\$393.40	\$423.50
Employee + Spouse	\$983.52	\$1,058.75
Employee + Child(ren)	\$688.46	\$741.12
Family	\$1,164.48	\$1,253.56

Dental - Delta Dental	Basic Plan	Standard Plan	Enhanced Plan
Employee Only	\$15.59	\$34.69	\$37.74
Employee + Spouse	\$29.18	\$70.42	\$79.57
Employee + Child(ren)	\$27.70	\$60.60	\$68.33
Family	\$46.22	\$108.27	\$121.68

Vision -VSP	Materials Only	Enhanced Plan
Employee Only	\$5.18	\$12.08
Employee + Spouse	\$8.02	\$18.68
Employee + Child(ren)	\$8.18	\$19.07
Family	\$13.19	\$30.75

Rates may vary by pennies due to rounding in the benefits enrollment platform.