

# COBRA HEALTH/PRESCRIPTION, DENTAL and VISION INSURANCE RATES

Effective January 1, 2021 – December 31, 2021

		<u>Monthly Cost</u>
<b>EPO</b>	<b>Individual</b>	<b>\$849.68</b>
<b>\$500 deductible health with prescription</b>	<b>Two Person</b>	<b>\$1,699.36</b>
	<b>Family</b>	<b>\$2,209.14</b>
<b>EPO</b>	<b>Individual</b>	<b>\$872.45</b>
<b>\$250 deductible health with prescription</b>	<b>Two Person</b>	<b>\$1,744.88</b>
	<b>Family</b>	<b>\$2,268.33</b>
<b>Davis Vision</b>	<b>Individual</b>	<b>\$7.33</b>
	<b>Two Person</b>	<b>\$13.22</b>
	<b>Family</b>	<b>\$20.53</b>
<b>Dental Comprehensive</b>	<b>Individual</b>	<b>\$47.43</b>
	<b>Two Person</b>	<b>\$81.99</b>
	<b>Family</b>	<b>\$117.02</b>
<b>Dental Preventive</b> Current grandfathered employees only		
	<b>Individual</b>	<b>\$15.27</b>
	<b>Two Person</b>	<b>\$26.63</b>
	<b>Family</b>	<b>\$37.70</b>

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