

COBRA HEALTH/PRESCRIPTION, DENTAL and VISION INSURANCE RATES

Effective January 1, 2022 – December 31, 2022

		<u>Monthly Cost</u>
EPO	Individual	\$911.91
\$500 deductible health with prescription	Two Person	\$1,823.83
	Family	\$2,370.95
EPO	Individual	\$938.68
\$250 deductible health with prescription	Two Person	\$1,877.36
	Family	\$2,440.55
Davis Vision	Individual	\$7.33
	Two Person	\$13.22
	Family	\$20.53
Dental Comprehensive	Individual	\$47.43
	Two Person	\$81.99
	Family	\$117.02
Dental Preventive Current grandfathered employees only		
	Individual	\$15.27
	Two Person	\$26.63
	Family	\$37.70

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