

**2021 COBRA Rates**

(does not inc 2% admin)

<b>MEDICAL ADVANTAGE (COPAY)</b>	
SINGLE	\$682.55
EE + SPOUSE	\$1,433.34
EE + CHILD	\$1,194.49
FAMILY	\$2,252.45
<b>MEDICAL HDP / HSA</b>	
SINGLE	\$540.31
EE + SPOUSE	\$1,134.63
EE + CHILD	\$945.56
FAMILY	\$1,783.04
<b>DENTAL Basic Plan</b>	
SINGLE	\$24.50
EE + SPOUSE	\$67.20
EE + CHILD	\$61.88
FAMILY	\$75.02
<b>DENTAL Premium Plan</b>	
SINGLE	\$28.52
EE + SPOUSE	\$78.24
EE + CHILD	\$72.00
FAMILY	\$87.38
<b>VISION</b>	
SINGLE	\$5.64
EE + SPOUSE	\$11.84
EE + CHILD	\$13.52
FAMILY	\$16.16