

Health, Dental and Vision Insurance

2018 Monthly Rate Information – COBRA
(Effective 1/1/2018 – 12/31/2018)



CPHP = Co-Pay Health Plan (formerly "EPO Plan")
 AHDHP = Aggregate High Deductible Health Plan (formerly "PPO Plan")
 EHDHP = Embedded High Deductible Health Plan (formerly "HDHP")

	CPHP	AHDHP	EHDHP
Coverage Tier			
Single	\$755.82	\$687.48	\$467.16
Employee+1	\$1,747.26	\$1,592.22	\$1,080.18
Family	\$2,062.44	\$1,879.86	\$1,210.74

	Dental Plan
Coverage Tier	
Single	\$47.84
Employee+1	\$114.55
Family	\$138.41

	Vision Plan
Coverage Tier	
Single	\$7.75
Employee+1	\$17.75
Family	\$21.11

All rates above include the 2% administrative load.