

# Health, Dental and Vision Insurance

2019 Monthly Rate Information – COBRA  
(Effective 1/1/2019 – 12/31/2019)



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
<b>Coverage Tier</b>			
Single	\$806.82	\$734.40	\$499.80
Employee+1	\$1,862.52	\$1,697.28	\$1,152.60
Family	\$2,197.08	\$2,003.28	\$1,291.32

	Dental Plan
<b>Coverage Tier</b>	
Single	\$48.35
Employee+1	\$115.87
Family	\$139.94

	Vision Plan
<b>Coverage Tier</b>	
Single	\$10.30
Employee+1	\$23.66
Family	\$28.15

All rates above include the 2% administrative load.