

COBRA Rates	2018		2018 Rates	
	Total Monthly Rate		Employer	COBRA Member

<b>Blue Edge CDHP</b>				
Single	\$ 404.27		\$ -	\$ 412.36
Single+Spouse	\$ 909.62		\$ -	\$ 927.81
Single+Children	\$ 836.84		\$ -	\$ 853.58
Family	\$ 1,253.25		\$ -	\$ 1,278.32

<b>HMO Illinois</b>				
Single	\$ 576.62		\$ -	\$ 588.15
Single+Spouse	\$ 1,155.41		\$ -	\$ 1,178.52
Single+Children	\$ 1,052.66		\$ -	\$ 1,073.71
Family	\$ 1,501.93		\$ -	\$ 1,531.97

<b>Blue Cross Blue Shield PPO</b>				
Single	\$ 732.26		\$ -	\$ 746.91
Single+Spouse	\$ 1,647.59		\$ -	\$ 1,680.54
Single+Children	\$ 1,515.78		\$ -	\$ 1,546.10
Family	\$ 2,270.00		\$ -	\$ 2,315.40

<b>Dental</b>				
Single	\$ 38.49		\$ -	\$ 39.26
Single+Spouse	\$ 84.67		\$ -	\$ 86.36
Single+Children	\$ 79.68		\$ -	\$ 81.27
Family	\$ 115.47		\$ -	\$ 117.78

<b>Vision</b>				
Single	\$ 8.19		\$ -	\$ 8.35
Single+Spouse	\$ 13.07		\$ -	\$ 13.33
Single+Children	\$ 13.98		\$ -	\$ 14.26
Family	\$ 22.35		\$ -	\$ 22.80