

COBRA Rates	2019		2019 Rates	
	Total Monthly Rate		Employer	COBRA Member

Blue Edge CDHP				
Single	\$ 450.09		\$ -	\$ 459.09
Single+Spouse	\$ 1,012.73		\$ -	\$ 1,032.98
Single+Children	\$ 931.70		\$ -	\$ 950.33
Family	\$ 1,395.31		\$ -	\$ 1,423.22

HMO Illinois				
Single	\$ 596.51		\$ -	\$ 608.44
Single+Spouse	\$ 1,195.56		\$ -	\$ 1,219.47
Single+Children	\$ 1,089.21		\$ -	\$ 1,110.99
Family	\$ 1,554.21		\$ -	\$ 1,585.29

Blue Cross Blue Shield PPO				
Single	\$ 815.26		\$ -	\$ 831.57
Single+Spouse	\$ 1,834.35		\$ -	\$ 1,871.04
Single+Children	\$ 1,687.59		\$ -	\$ 1,721.34
Family	\$ 2,527.31		\$ -	\$ 2,577.86

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

Vision				
Single	\$ 8.84		\$ -	\$ 9.02
Single+Spouse	\$ 14.10		\$ -	\$ 14.38
Single+Children	\$ 15.09		\$ -	\$ 15.39
Family	\$ 24.12		\$ -	\$ 24.60