

Active Employee Cost - Calendar Year 2019

COBRA RATE SCHEDULE

102% OF ACTIVE EMPLOYEE RATE

Effective January 1, 2019

		COBRA Rate Cost	
		MONTHLY	ANNUAL
CareFirst BlueChoice Adv POS	Individual	528.93	6,347.16
	Individual + Spouse	1,057.85	12,694.20
	Individual + Child	1,057.85	12,694.20
	Family (Individual + Spouse + Child(ren))	1,439.33	17,271.96
	Family (Individual + Children)	1,439.33	17,271.96
CareFirst BlueChoice HMO	Individual	402.75	4,833.00
	Individual + Spouse	756.96	9,083.52
	Individual + Child	756.96	9,083.52
	Family (Individual + Spouse + Child(ren))	1,240.16	14,881.92
	Family (Individual + Children)	1,240.16	14,881.92
Kaiser Permanente HMO	Individual	543.48	6,521.76
	Individual + Spouse	1,084.62	13,015.44
	Individual + Child	1,084.62	13,015.44
	Family (Individual + Spouse + Child(ren))	1,571.22	18,854.64
	Family (Individual + Children)	1,571.22	18,854.64
Caremark Prescription	Individual	174.58	2,094.96
	Individual + Spouse	348.79	4,185.48
	Individual + Child	348.79	4,185.48
	Family (Individual + Spouse + Child(ren))	430.43	5,165.16
	Family (Individual + Children)	430.43	5,165.16
Kaiser Permanente Prescription	Individual	70.23	842.76
	Individual + Spouse	138.88	1,666.56
	Individual + Child	138.88	1,666.56
	Family (Individual + Spouse + Child(ren))	201.08	2,412.96
	Family (Individual + Children)	201.08	2,412.96
CareFirst PPO Dental	Individual	33.33	399.96
	Individual + Spouse	66.70	800.40
	Individual + Child	66.70	800.40
	Family (Individual + Spouse + Child(ren))	97.98	1,175.76
	Family (Individual + Children)	97.98	1,175.76
Aetna DMO Dental	Individual	21.98	263.76
	Individual + Spouse	43.98	527.76
	Individual + Child	43.98	527.76
	Family (Individual + Spouse + Child(ren))	64.65	775.80
	Family (Individual + Children)	64.65	775.80
Davis Vision	Individual	1.58	18.96
	Individual + Spouse	2.92	35.04
	Individual + Child	2.92	35.04
	Family (Individual + Spouse + Child(ren))	3.69	44.28
	Family (Individual + Children)	3.69	44.28