2018 COBRA Rates		
Dental Premiums		
EE Only: DHMO $19.89	PPO Low $29.17	PPO High $43.66
1 DEP: DHMO $34.80	PPO Low $70.77	PPO High $ 108.85
Family: DHMO $54.71	PPO Low $98.80	PPO High $149.02
VISION Premiums		
EE Only: Option 1 $11.87	Option 2 $17.21	Option 3 $27.47
1 DEP: Option 1 $21.36	Option 2 $30.98	Option 3 $49.44
Family: Option 1 $33.22	Option 2 $48.18	Option 3 $76.90
Date calculations based on 18 months (For 36 months add 18 more mos*)		

Medical FSA: Code 2450

On Benefits screen, you will need the Employee Ins. Amount
Employee Rate / 12 =

Ex: Employee Ins AMT of $500
Ex: 500/12=$41.67

COBRA 2018 PREMIUM RATES

MEDICAL PLAN	COBRA MEMBER	COBRA MEMBER & SPOUSE ONLY	COBRA MEMBER & CHILDREN ONLY	COBRA MEMBER & FAMILY
BLUECARE HMO BASIC	$563.96	$1,093.60	$912.76	$1,444.03
BLUECARE HMO PREM	$635.36	$1,382.16	$1,137.46	$1,878.92
BLUEOPTIONS PPO	$716.96	$1,532.45	$1,245.64	$2,074.80

DELTA DENTAL	SINGLE	PLUS ONE	FAMILY (2 OR MORE)
DHMO 14A	$19.89	$34.80	$54.71
PPO LOW PLAN	$29.17	$70.77	$98.80
PPO HIGH PLAN			