COBRA INSURANCE RATES

EFFECTIVE JANUARY 1, 2018

HEALTH

Former Employee Only		COVERAGE			Per Month	Per Pay Period
Spouse Only			e Only		T T	285.13
Child Only		• • •			570.26	285.13
Former Employee & Child(ren) 1745.00 872.50					570.26	285.13
Former Employee & Child(ren) 1092.61 546.3 550.35 550.35 562.51 546.3		Former Employe	e & Spouse		1173.03	586.51
Spouse & Child(ren)		Former Employe	e & family		1745.00	872.50
Children (Each) 570.26 285.13		Former Employe	e & Child(ren)		1092.61	546.31
DEDUCTIBLE		Spouse & Child(r	en)		1092.61	546.31
		Children (Each)			570.26	285.13
BLUE CROSS BLUE SHIELD HEALTH PLAN BLUECARE HMO 48			(PCP/Specialist)	(Individual /Family)	(Individual /Family) \$1,500 Med + 1,000 Phar	
BLUECARE HMO 48					\$3,000 Med + 2,000 Phar	
Former Employee Only	BLUE CROSS	BLUE SHIELD H	EALTH PLAN			
Spouse Only	В	LUECARE HMO 4	8		Per Month	Per Pay Period
Child Only		Former Employe	e Only		604.52	302.26
Former Employee & Spouse		Spouse Only			604.52	302.26
Former Employee & family		Child Only			604.52	302.26
Former Employee & Child(ren)		Former Employe	e & Spouse		1244.23	622.11
Spouse & Child(ren)		Former Employe	e & family		1849.89	924.94
Children (Each) 604.52 302.20		Former Employe	e & Child(ren)		1159.04	579.52
FLORIDA BLUE CoPay, Deductible, Max (PCP/Specialist) (Individual /Family)			ren)		1159.04	579.52
FLORIDA BLUE CoPay, Deductible, Max (PCP/Specialist) (Individual /Family)		Children (Each)			604.52	302.26
BLUE CROSS BLUE SHIELD HEALTH PLAN BLUECARE HD HMO 65 Per Month Per Pay Period	FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit		•••••			ER VISIT
BLUECARE HD HMO 65			\$25 / 35	\$300 / 600	\$2,500 / 5,000	\$300 CoPay+ 30%
BLUECARE HD HMO 65	BLUE CPOSS	RI LIE CHIEL D H	IENI THI DI ANI			
Former Employee Only 570.26 285.13					Per Month	Per Pay Perior
Spouse Only 570.26 285.13 Child Only 570.26 285.13 Former Employee & Spouse 1173.03 586.57 Former Employee & family 1745.00 872.50 Former Employee & Child(ren) 1092.61 546.37 Spouse & Child(ren) 1092.61 546.37 Children (Each) 570.26 285.13 FLORIDA BLUE CoPay, Deductible, Max	BL					
Child Only Former Employee & Spouse Former Employee & family Former Employee & Child(ren) Former Employee & Child(ren) Spouse & Child(ren) Children (Each) FORDA BLUE CoPay, Deductible, Max CO PAY (PCP/Specialist) CO PAY (PCP/Specialist) Condition (Individual /Family) CO PAY (Individual /Family) CO PAY (Individual /Family) CO PAY (Individual /Family) CO PAY (Individual /Family)	BL	Former Employe	e Only		570.26	
FLORIDA BLUE CoPay, Deductible, Max OUT OF POCKET (Individual /Family) Former Employee & Spouse Spouse 1173.03 586.53 Former Employee & Child(ren) 1745.00 872.50 Spouse & Child(ren) 1092.61 546.33 Children (Each) 570.26 285.13 ER VISIT	BL		e Only			
FLORIDA BLUE CoPay, Deductible, Max CO PAY (PCP/Specialist) Out of Pocket and ER Visit Port of Pocket and ER Visit Port of Pocket and ER Visit 1745.00 872.5	BL	Spouse Only	e Only		570.26	285.13
FLORIDA BLUE CoPay, Deductible, Max (PCP/Specialist) Cope of Pocket and ER Visit (Individual /Family) Proceedings of Pocket and ER Visit (PCP/Specialist) (Individual /Family)	BL	Spouse Only Child Only			570.26 570.26	
Spouse & Child(ren) Children (Each) CO PAY DEDUCTIBLE Out of Pocket and ER Visit Detuction of Pocket and ER Visit 1092.61 546.3 ER VISIT ER VISIT	BL	Spouse Only Child Only Former Employe	e & Spouse		570.26 570.26 1173.03	285.13 285.13 586.51
Children (Each) CO PAY DEDUCTIBLE (Individual /Family) MAX OUT OF POCKET (Individual /Family) ER VISIT	BL	Spouse Only Child Only Former Employe Former Employe	e & Spouse e & family		570.26 570.26 1173.03 1745.00	285.13 285.13 586.51 872.50
FLORIDA BLUE CoPay, Deductible, Max (PCP/Specialist) (Individual /Family) (Individual /Family) Out of Pocket and ER Visit	BL	Spouse Only Child Only Former Employe Former Employe Former Employe	e & Spouse e & family e & Child(ren)		570.26 570.26 1173.03 1745.00 1092.61	285.13 285.13
\$25 / DED + 30% \$1,500 / 3,000 \$5,000 / 10,000 DED + 30%	BL	Spouse Only Child Only Former Employe Former Employe Former Employe Spouse & Child(r	e & Spouse e & family e & Child(ren)		570.26 570.26 1173.03 1745.00 1092.61 1092.61	285.13 285.13 586.51 872.50 546.31
	FLORIDA BLUE CoP	Spouse Only Child Only Former Employe Former Employe Former Employe Spouse & Child(r Children (Each)	e & Spouse e & family e & Child(ren) ren)		570.26 570.26 1173.03 1745.00 1092.61 1092.61 570.26	285.13 285.13 586.51 872.50 546.31 546.31 285.13

BLUE CROSS BLUE SHIELD HE	ALTH PLAN			
BLUEOPTIONS POS/PP	0	05782	Per Month	Per Pay Period
Former Employee	Only		692.84	346.42
Spouse Only			692.84	346.42
Child Only			692.84	346.42
Former Employee	& Spouse		1424.85	712.43
Former Employee	Former Employee & family Former Employee & Child(ren) Spouse & Child(ren)			1,059.23
Former Employee				663.58
Spouse & Child(re				663.58
Children (Each)			692.84	346.42
FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit CO PAY (PCP/Specialist)		DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family)	ER VISIT
IN-NETWORK	\$30/ 40	\$750 / 1,500	\$6,000 / 12,000	\$300 CoPay + 30%
OUT-OF-NETWORK	DED + 50%	\$1,000 / 2,000	\$9,000 / 18,000	\$300 CoPay + 30%

DENTAL

PLAN	COBRA SUBSCRIBERS	PER MONTH	PER PAY PERIOD
DELTA - DELTA			
DHMO	Former Employee Only	12.45	6.23
DHMO	Former Spouse Only	12.45	6.23
DHMO	Former Child Only	12.45	6.23
DHMO	Former EE & Spouse	21.79	10.90
DHMO	Former EE & Family	38.59	19.30
DHMO	Former EE & Children	26.15	13.08
DHMO	Former Spouse & Child(ren)	26.15	13.08
DHMO	Former Children (Each)	12.45	6.23
Silver DPPO	Former Employee Only	19.79	9.90
Silver DPPO	Former Spouse Only	19.79	9.90
Silver DPPO	Former Child Only	19.79	9.90
Silver DPPO	Former EE & Spouse	39.59	19.80
Silver DPPO	Former EE & Family	67.63	33.82
Silver DPPO	Former EE & Children	50.24	25.12
Silver DPPO	Former Spouse & Child(ren)	50.24	25.12
Silver DPPO	Former Children (Each)	19.79	9.90
Gold DPPO	Former Employee Only	31.66	15.83
Gold DPPO	Former Spouse Only	31.66	15.83
Gold DPPO	Former Child Only	31.66	15.83
Gold DPPO	Former EE & Spouse	63.34	31.67
Gold DPPO	Former EE & Family	108.16	54.08
Gold DPPO	Former EE & Children	80.44	40.22
Gold DPPO	Former Spouse & Child(ren)	80.44	40.22
Gold DPPO	Former Children (Each)	31.66	15.83
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DENTAL

PLAN	COBRA SUBSCRIBERS	PER MONTH	PER PAY PERIOD
DELTA - DELTA	1		
Platinum DPPO	Former Employee Only	40.63	20.32
Platinum DPPO	Former Spouse Only	40.63	20.32
Platinum DPPO	Former Child Only	40.63	20.32
Platinum DPPO	Former EE & Spouse	81.29	40.65
Platinum DPPO	Former EE & Family	138.78	69.39
Platinum DPPO	Former EE & Children	103.10	51.55
Platinum DPPO	Former Spouse & Child(ren)	103.10	51.55
Platinum DPPO	Former Children (Each)	40.63	20.32

VISION

PLAN	COBRA SUBSCRIBERS	PER MONTH	PER PAY PERIOD
VISION - EYEMED			
VISION BASIC			
	Former Employee Only	5.04	2.52
	Spouse Only	5.04	2.52
	Child Only	5.04	2.52
	Former Employee & Spouse	8.00	4.00
	Former Employee & family	13.16	6.58
	Former Employee & Child(ren)	8.17	4.08
	Spouse & Child(ren)	8.17	4.08
	Children (Each)	5.04	2.52
VISION PREMIER			
	Former Employee Only	7.68	3.84
	Spouse Only	7.68	3.84
	Child Only	7.68	3.84
	Former Employee & Spouse	12.45	6.22
	Former Employee & family	20.07	10.04
	Former Employee & Child(ren)	12.20	6.10
	Spouse & Child(ren)	12.20	6.10
	Children (Each)	7.68	3.84

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