



**2017 COBRA HEALTH RATES**

<b>Low Deductible PPO</b>	<b>COBRA Rate</b>
Employee Only Coverage	\$ 641.56
Employee + Spouse Coverage	\$ 1,348.09
Employee + Child(ren) Coverage	\$ 1,219.17
Family Coverage	\$ 1,858.70
<b>High Deductible PPO/HRA</b>	
Employee Only Coverage	\$ 634.42
Employee + Spouse Coverage	\$ 1,335.85
Employee + Child(ren) Coverage	\$ 1,205.91
Family Coverage	\$ 1,842.38

**2017 COBRA DENTAL RATES**

<b>Delta Dental Plan</b>	<b>COBRA Rate</b>
Employee Only	\$ 36.13
Employee + 1 dependent	\$ 77.19
Employee + 2 or more dependents	\$ 116.16