

**MONTHLY COBRA COSTS FOR  
HEALTH AND DENTAL COVERAGE  
EFFECTIVE JANUARY 1, 2019**

| <b>HEALTH COVERAGE</b>                                       |            |
|--|------------|
| <b>HSA Silver Plans (BCBS IL, UnitedHealthcare, Aetna)</b>   |            |
| You Only   | \$443.27   |
| You + Spouse/Domestic Partner                                | \$975.76   |
| You + Child(ren)   | \$975.76   |
| You + Family   | \$1,507.85 |
| <b>HSA Gold Plans (BCBS IL, UnitedHealthcare, Aetna)</b>     |            |
| You Only   | \$498.68   |
| You + Spouse/Domestic Partner                                | \$1,097.02 |
| You + Child(ren)   | \$1,097.02 |
| You + Family   | \$1,695.36 |
| <b>POS Platinum Plans (BCBS IL, UnitedHealthcare, Aetna)</b> |            |
| You Only   | \$554.08   |
| You + Spouse/Domestic Partner                                | \$1,218.94 |
| You + Child(ren)   | \$1,218.94 |
| You + Family   | \$1,883.78 |

**DENTAL COVERAGE**

| <b>AETNA</b>                  | <b>PPO</b> | <b>DMO</b> |
|-------------------------------|------------|------------|
| You Only                      | \$30.40    | \$23.47    |
| You + Spouse/Domestic Partner | \$75.98    | \$56.57    |
| You + Child(ren)              | \$75.98    | \$56.57    |
| You + Family                  | \$121.56   | \$90.85    |

*Note: The Aetna DMO will be offered in all states except Alabama, Alaska, Arkansas, Iowa, Louisiana, Maine, Mississippi, Montana, New Hampshire, North Dakota, South Carolina, South Dakota, Vermont and Wyoming, nor will it be offered in the Territories of Guam or Puerto Rico.*

**VISION COVERAGE**

| <b>EYEMED DELUXE</b> | <b>2019 COBRA RATE</b> |
|----------------------|------------------------|
|                      |                        |
| You Only             | \$11.36                |
| You + One            | \$21.57                |
| You + Two or More    | \$31.69                |

| <b>EYEMED STANDARD</b> | <b>2019 COBRA RATE</b> |
|------------------------|------------------------|
|                        |                        |
| You Only               | \$ 7.45                |
| You + One              | \$14.14                |
| You + Two or More      | \$20.77                |