

2019 Monthly Insurance Premiums for COBRA				
	Employee Only	Employee plus Spouse	Employee plus Child(ren)	Family coverage
PPO	\$ 900.80	\$ 1,981.76	\$ 1,576.40	\$ 2,882.56
HDHP	\$ 342.51	\$ 868.11	\$ 715.57	\$ 1,207.12
Dental High Pla	\$ 49.97	\$ 95.79	\$ 110.25	\$ 158.98
Dental Low Plan	\$ 33.72	\$ 64.13	\$ 77.45	\$ 107.73
Vision	\$ 6.98	\$ 13.22	\$ 13.95	\$ 20.44