### MONTHLY COBRA RATES

The following rates are for September 1, 2018 through August 31, 2019

#### Personal Choice (PPO)

| Plan              | Cost       | COBRA Admin Fee - 2% | Monthly Total |
|-------------------|------------|----------------------|---------------|
| Employee/Single   | \$737.43   | \$14.75              | \$752.18      |
| Employee/Spouse   | \$1,696.06 | \$33.92              | \$1,729.98    |
| Employee/Children | \$1,290.44 | \$25.81              | \$1,316.25    |
| Family            | \$2,175.32 | \$43.51              | \$2,218.83    |

### Keystone HMO (POS)

| Plan              | Cost        | COBRA Admin Fee - 2% | Monthly Total |
|-------------------|-------------|----------------------|---------------|
| Employee/Single   | \$ 626.64   | \$ 12.53             | \$ 639.17     |
| Employee/Spouse   | \$ 1,441.27 | \$ 28.83             | \$ 1,470.10   |
| Employee/Children | \$ 1,096.62 | \$ 21.93             | \$ 1,118.55   |
| Family            | \$ 1,848.59 | \$ 36.97             | \$ 1,885.56   |

### CVS Caremark (Prescription)

| Plan              | Cost      | COBRA Admin Fee - 2% | Monthly Total |
|-------------------|-----------|----------------------|---------------|
| Employee/Single   | \$ 198.01 | \$ 3.96              | \$ 201.97     |
| Employee/Spouse   | \$ 558.38 | \$ 11.17             | \$ 569.55     |
| Employee/Children | \$ 558.38 | \$ 11.17             | \$ 569.55     |
| Family            | \$ 558.38 | \$ 11.17             | \$ 569.55     |

## Delta PPO/Preferred (Dental)

| Plan            | Cost      | COBRA Admin Fee - 2% | Monthly Total |
|-----------------|-----------|----------------------|---------------|
| Employee/Single | \$ 38.06  | \$ 0.76              | \$ 38.82      |
| Family          | \$ 100.47 | \$ 2.01              | \$ 102.48     |

## Delta Care (Dental)

| Plan            | Cost     | COBRA Admin Fee - 2% | Monthly Total |
|-----------------|----------|----------------------|---------------|
| Employee/Single | \$ 18.08 | \$ 0.36              | \$ 18.44      |
| Single and One  | \$ 30.98 | \$ 0.62              | \$ 31.60      |
| Family          | \$ 47.02 | \$ 0.94              | \$ 47.96      |

# United Concordia/Concordia Plus (Dental)

| Plan                                | Cost     | COBRA Admin Fee - 2% | Monthly Total |
|-------------------------------------|----------|----------------------|---------------|
| Employee/Single                     | \$ 19.43 | \$ 0.39              | \$ 19.82      |
| Employee & Spouse or Child/Children | \$ 36.44 | \$ 0.73              | \$ 37.17      |
| Family (including child(ren)        | \$ 57.86 | \$ 1.16              | \$ 59.02      |