COBRA RATES

2015 Monthly Insurance Rates (effective 1/1/2015)

APPLIES TO : All COBRA Participants

MONTHLY COBRA RATES

ALL EMPLOYEE GROUPS			
	HMA Medical Only	Group Health Medical Only	Dental & Vision Only
Employee Only	$593.88	$731.44	$72.35
Spouse Only	$764.85	$1,114.55	$81.87
First Child Only	$390.06	$534.18	$65.77
Two or More Children	$303.10	$466.56	$60.53
Family Rate	$2,051.89	$2,846.74	$280.52
Employee and Child	$983.94	$1,265.63	$138.12
Employee and Two Children	$1,287.05	$1,732.18	$198.65
Employee and Spouse	$1,748.77	$1,846.00	$154.21
Employee, Spouse and Child	$2,051.88	$2,380.18	$219.99