

COBRA RATES

2016 Monthly Rates

APPLIES TO : All COBRA Participants

City of Renton COBRA Rates

| ALL EMPLOYEE GROUPS | | | |
|----------------------------|------------------|---------------------------|----------------------|
| | HMA Medical Only | Group Health Medical Only | Dental & Vision Only |
| Employee Only | \$626.55 | \$750.99 | \$76.33 |
| Spouse Only | \$806.91 | \$1,144.35 | \$86.36 |
| First Child Only | \$411.52 | \$548.43 | \$69.38 |
| Two or More Children | \$319.77 | \$479.03 | \$63.86 |
| Family Rate | \$2,164.74 | \$2,922.80 | \$295.95 |
| Employee and Child | \$1,038.07 | \$1,299.42 | \$145.71 |
| Employee and Two Children | \$1,357.83 | \$1,778.45 | \$209.57 |
| Employee and Spouse | \$1,433.46 | \$1,895.33 | \$162.69 |
| Employee, Spouse and Child | \$1,844.98 | \$2,443.77 | \$232.09 |