

# Monthly Premiums for COBRA Participants

Plan Year Jan. 1 – Dec. 31, 2016

HEALTH PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Aetna INTEGRIS HMO	\$526.14	\$ 862.68	\$277.15	\$441.88
BlueLincs HMO	\$607.25	\$ 995.93	\$320.04	\$510.18
CommunityCare HMO	\$812.06	\$1182.87	\$413.59	\$661.76
GlobalHealth HMO	\$509.76	\$ 752.43	\$275.38	\$449.68
HealthChoice High and High Alternative	\$537.42	\$ 674.44	\$272.85	\$420.97
HealthChoice Basic and Basic Alternative	\$405.78	\$ 498.15	\$232.38	\$358.16
HealthChoice High Deductible Health Plan (HDHP)	\$352.78	\$ 430.20	\$201.02	\$308.98
HealthChoice USA	\$822.61	\$ 822.61	\$270.16	\$416.63
HealthChoice FOCUS	\$537.42	\$ 674.44	\$272.85	\$420.97
DENTAL PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Assurant Freedom Preferred	\$29.40	\$29.23	\$21.93	\$ 58.96
Assurant Heritage Plus with SBA (Prepaid)	\$11.97	\$ 9.04	\$ 7.75	\$ 15.50
Assurant Heritage Secure (Prepaid)	\$ 7.34	\$ 6.10	\$ 5.30	\$ 10.59
CIGNA Dental Care Plan (Prepaid)	\$ 9.45	\$ 6.18	\$ 7.22	\$ 15.63
Delta Dental PPO	\$34.31	\$34.29	\$29.85	\$ 75.52
Delta Dental PPO Plus Premier	\$45.41	\$45.41	\$39.56	\$100.02
Delta Dental PPO – Choice	\$15.36	\$34.86	\$35.13	\$ 85.27
HealthChoice Dental	\$32.64	\$32.64	\$27.95	\$ 69.56
VISION PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Humana Vision Care Plan	\$ 7.28	\$12.71	\$11.12	\$12.08
Primary Vision Care Services (PVCS)	\$ 9.55	\$ 8.16	\$ 8.16	\$11.22
Superior Vision	\$ 7.55	\$ 7.51	\$ 7.10	\$14.59
UnitedHealthcare Vision	\$ 8.34	\$ 5.90	\$ 4.67	\$ 7.12
Vision Care Direct	\$16.22	\$ 9.93	\$ 9.93	\$13.26
Vision Service Plan (VSP)	\$ 9.69	\$ 6.49	\$ 6.24	\$13.99

EGID policy states that one person must always pay the primary member premium. When a spouse, child or children are insured under a particular benefit but the primary member did not keep that benefit, one person is always billed the primary member rate.