2021 MONTHLY COBRA RATES

NOTE: RATES MAY VARY SLIGHTLY ON COUPONS DUE TO ROUNDING IN THE BILLING SOFTWARE.

| Medical & Pharmacy Plans | Tier of Coverage | Monthly Premium |
|---|---------------------------|-----------------|
| UHC HDHP Base Plan Choice Network | Single | \$599.77 |
| | Single + Spouse | \$1,290.01 |
| | Single + Children | \$1,103.11 |
| | Single + Overage Children | \$1,147.31 |
| | Family | \$1,185.71 |
| | Family + Overage Children | \$1,929.91 |
| | Single | \$684.02 |
| UHC HDHP OON Plan | Single + Spouse | \$1471.15 |
| Choice Plus Network | Single + Children | \$1,258.00 |
| | Single + Overage Children | \$1,302.19 |
| | Family | \$2,150.47 |
| | Family + Overage Children | \$2,194.66 |
| UHC CDH Plan Choice Network | Single | \$974.49 |
| | Single + Spouse | \$2,095.75 |
| | Single + Children | \$1,792.16 |
| | Single + Overage Children | \$1,836.36 |
| | Family | \$3,063.61 |
| | Family + Overage Children | \$3,107.81 |

MEDICAL AND PHARMACY

| TIER OF COVERAGE | DENTAL | | ſ | UHC VISION |
|---------------------|-------------|----------|---|------------|
| | HUMANA DHMO | UHC DPPO | | |
| Single | \$11.53 | \$33.63 | | \$7.94 |
| Single + Spouse/DP | \$20.71 | \$66.75 | | \$15.90 |
| Single + Child(ren) | \$23.03 | \$78.30 | | \$15.08 |
| Family | \$27.63 | \$111.41 | | \$23.69 |