

Continuation of Coverage – COBRA Rate Schedule 2017 Monthly Premium Rates

The rates listed below are in two columns. If there is only one person on the COBRA policy, you pay the individual rate; more than one person, pays the family rate which includes both individual and dependents.

<u>Health Plan</u>	<u>Individual</u>	<u>Family</u>
BlueCross/BlueShield	\$625.59	\$1839.63
HealthPartners	\$625.59	\$1839.63
PreferredOne	\$625.59	\$1839.63

<u>Dental Plan</u>	<u>Individual</u>	<u>Family</u>
State Dental (Delta Dental)	\$34.37	\$101.69
Health Partners State of MN Dental Plan	\$34.37	\$101.69

<u>Life Plan</u>	
Basic Life	\$10.18
Managerial Life	
1 1/2x	\$38.03
2x	\$55.45
Child Life	\$.86