

## Continuation of Coverage – COBRA Rate Schedule 2016 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.

<b><u>Health Plan</u></b>	<b><u>Individual</u></b>	<b><u>Family</u></b>
BlueCross/BlueShield	\$575.50	\$1692.38
HealthPartners	\$575.50	\$1692.38
PreferredOne	\$575.50	\$1692.38

<b><u>Dental Plan</u></b>	<b><u>Individual</u></b>	<b><u>Family</u></b>
State Dental (Delta Dental)	\$30.29	\$89.60
Health Partners State of MN Dental Plan	\$30.29	\$89.60

<b><u>Life Plan</u></b>	
Basic Life	\$10.36
Managerial Life	
1 1/2x	\$38.76
2x	\$56.49
Child Life	\$.86