COBRA – Medical, Dental and Vision Plans

Total monthly cost

Medical	Employee	EE+ Spouse	EE+ Child(ren)	EE+ Family	Spouse Only	Spouse+ Child(ren)	Child(ren) Only
Surest Health PPO	$1,074.96	$2,257.41	$1,934.95	$3,117.39	$1,182.46	$2,042.43	$859.99
Surest Select Health PPO	$1,096.45	$2,302.56	$1,973.66	$3,179.75	$1,206.11	$2,083.30	$877.21
HDHP with Optional HSA	$1,064.21	$2,234.85	$1,915.61	$3,086.23	$1,170.64	$2,022.03	$851.40

Dental	Employee	EE+ Spouse	EE+ Child(ren)	EE+ Family	Spouse Only	Spouse+ Child(ren)	Child(ren) Only
Dental Option 1	$34.14	$78.56	$85.38	$129.78	$44.42	$95.65	$51.24
Dental Option 2	$42.20	$97.12	$105.59	$160.48	$54.93	$118.28	$63.39

Vision	Employee	EE+ Spouse	EE+ Child(ren)	EE+ Family	Spouse Only	Spouse+ Child(ren)	Child(ren) Only
Vision	$10.17	$21.33	$18.28	$29.46	$10.17	$18.28	$18.28

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