

**COBRA Premium Rates for 2020**

The following monthly premium rates are effective January 1, 2020 for COBRA health, dental and vision coverage. (Rates listed below include a 2% administrative fee.)

Gold Level PPO Plan

Coverage Level	Rate
Beneficiary only	\$653.91
Beneficiary + Spouse	\$1,307.83
Beneficiary + Children	\$1,144.35
Beneficiary + Family	\$1,798.28

Bronze Level PPO Plan

Coverage Level	Rate
Beneficiary only	\$552.95
Beneficiary + Spouse	\$1,105.90
Beneficiary + Children	\$967.66
Beneficiary + Family	\$1,520.63

Consumer Driven Health Plan

Coverage Level	Rate
Beneficiary only	\$553.93
Beneficiary + Spouse	\$1,107.89
Beneficiary + Children	\$969.40
Beneficiary + Family	\$1,523.35

Delta Dental Basic PPO COBRA Rates

Coverage Level	Rate
Beneficiary only	\$25.29
Beneficiary + Spouse	\$51.00
Beneficiary + Children	\$50.66
Beneficiary + Family	\$75.43

Delta Dental Enhanced PPO COBRA Rates

Coverage Level	Rate
Beneficiary only	\$33.37
Beneficiary + Spouse	\$67.29
Beneficiary + Children	\$73.70
Beneficiary + Family	\$107.50

EyeMed Vision Care COBRA Rates

Coverage Level	Rate
Beneficiary only	\$7.16
Beneficiary + Spouse	\$13.60
Beneficiary + Children	\$14.31
Beneficiary + Family	\$21.03

If you have questions, please contact the LSS Benefits Department at 314-446-2439.