



2020 COBRA Rates - USA (Non-Union)

UNSUBSIDIZED Period - Full Coverage premium plus 2% of administration fee.

Medical				
Plan	Employee only	Employee + Spouse	Employee + Child(ren)	Employee + Family
UHC Plan 90	\$ 712.34	\$ 1,567.15	\$ 1,353.45	\$ 2,279.50
UHC CDHP Plan A	\$ 622.74	\$ 1,370.03	\$ 1,183.22	\$ 1,992.77
UHC CDHP Plan B	\$ 529.33	\$ 1,164.51	\$ 1,005.73	\$ 1,693.85
Aetna Global Medical	\$ 892.87	\$ 1,883.92	\$ 1,739.17	\$ 2,749.05

Dental				
Plan	Employee only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Delta Dental - Option 1	\$ 24.31	\$ 53.47	\$ 46.18	\$ 77.78
Delta Dental - Option 2	\$ 44.57	\$ 98.06	\$ 84.69	\$ 142.65
Delta Dental - Option 3	\$ 57.17	\$ 125.78	\$ 108.62	\$ 182.95

Vision				
Plan	Employee only	Employee + Spouse	Employee + Child(ren)	Employee + Family
VSP Vision	\$ 8.26	\$ 11.99	\$ 14.12	\$ 22.56