

## 2018 COBRA Medical Rates

COVERAGE	HMO	POS	HDHP
EMPLOYEE ONLY:	\$675.61	\$717.50	\$589.95
EMPLOYEE + SPOUSE:	\$1,399.93	\$1,524.28	\$1,220.02
EMP. + CHILD(REN):	\$1,268.37	\$1,377.80	\$1,105.61
EMP. + FAMILY:	\$1,795.00	\$1,964.62	\$1,563.74
SPOUSE ONLY:	\$791.41	\$915.76	\$726.83
CHILD(REN):	\$640.25	\$766.81	\$613.10