

2017 COBRA / Per Month - Clermont County

Medical Plans:

NPOS-Copay	Per Month
SINGLE	\$542.12
EE + CHILDREN	\$ 948.74
EE + SPOUSE*	\$ 1,138.44
FAMILY*	\$ 1,789.04

CDHP	Per Month
SINGLE	\$ 429.14
EE + CHILDREN	\$ 751.02
EE + SPOUSE*	\$ 850.38
FAMILY*	\$ 1,416.20

Dental Plans:

Full Coverage Plan	Per Month
SINGLE	\$25.97
EE + CHILDREN	\$65.87
EE + SPOUSE	\$71.54
FAMILY	\$79.87

Preventative Care Plan	Per Month
SINGLE	\$14.71
EE + CHILDREN	\$37.33
EE + SPOUSE	\$40.54
FAMILY	\$45.26

Vision Plan	Per Month
SINGLE	\$6.06
EE + CHILDREN	\$14.10
EE + SPOUSE	\$13.47
FAMILY	\$16.49

COBRA Rates included a 2% admin fee.