

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 | \$810.28 | \$1,701.58 | \$1,458.53 | \$2,349.83 | \$891.31 | \$1,539.55 | \$648.25 |
| Surest Select Health PPO | \$826.49 | \$1,735.62 | \$1,487.70 | \$2,396.83 | \$909.14 | \$1,570.34 | \$661.22 |
| HDHP with Optional HSA | \$802.18 | \$1,684.58 | \$1,443.94 | \$2,326.33 | \$882.40 | \$1,524.16 | \$641.76 |

| Dental | Employee | EE+ Spouse | EE+ Child(ren) | EE+ Family | Spouse Only | Spouse+ Child(ren) | Child(ren) Only |
|------------------------|----------|------------|----------------|------------|-------------|--------------------|-----------------|
| Dental Option 1 | \$31.55 | \$72.63 | \$78.94 | \$120.00 | \$41.09 | \$88.45 | \$47.39 |
| Dental Option 2 | \$39.02 | \$89.80 | \$97.60 | \$148.35 | \$50.79 | \$109.33 | \$58.59 |

| Vision | Employee | EE+ Spouse | EE+ Child(ren) | EE+ Family | Spouse Only | Spouse+ Child(ren) | Child(ren) Only |
|---------------|----------|------------|----------------|------------|-------------|--------------------|-----------------|
| Vision | \$7.98 | \$16.73 | \$14.41 | \$23.12 | \$8.75 | \$15.15 | \$6.44 |