

**City of Colorado Springs
2015 COBRA Monthly Rates
Medical, Dental and Vision Plans**

Premier Plan	
Level of Coverage	Monthly COBRA Rate
EE Only	\$549.78
EE/Sp	\$1,092.42
EE/Ch	\$1,026.12
EE/Family	\$1,552.44

Advantage Medical Plan with HRA		
Level of Coverage	Monthly COBRA Rate	HRA Funding (Employer Only)
EE Only	\$468.01	\$500
EE/Sp	\$937.64	\$750
EE/Ch	\$892.76	\$750
EE/Family	\$1,337.48	\$750

Delta Hi-Option PPO Dental Plan	
Level of Coverage	Monthly COBRA Rate
EE Only	\$42.84
EE/Sp	\$96.90
EE/Ch	\$77.52
EE/Family	\$120.36

Delta Standard Option PPO Dental	
Level of Coverage	Monthly COBRA Rate
EE Only	\$30.60
EE/Sp	\$70.38
EE/Ch	\$56.10
EE/Family	\$87.72

Vision Service Plan	
Level of Coverage	Monthly COBRA Rate
EE Only	\$7.73
EE + SP	\$15.46
EE + CH	\$16.55
EE + FM	\$26.45