

Grant County Benefits Plan Rates

2017 COBRA	Code	Full Premium	COBRA Rate
		Monthly	

Medical Plan (Buy-up)

Employee	n/a	\$767.3700	\$782.72
Employee + Spouse	n/a	\$1,548.3700	\$1,579.34
Employee + Child	n/a	\$1,102.6400	\$1,124.69
Employee + Children	n/a	\$1,318.9200	\$1,345.30
Employee + Spouse + Child	n/a	\$1,884.8000	\$1,922.50
Employee + Spouse + Children	n/a	\$2,108.7700	\$2,150.95

Medical Plan (Core)

Employee	n/a	\$659.4900	\$672.68
Employee + Spouse	n/a	\$1,327.5500	\$1,354.10
Employee + Child	n/a	\$946.2500	\$965.18
Employee + Children	n/a	\$1,131.2700	\$1,153.90
Employee + Spouse + Child	n/a	\$1,615.3100	\$1,647.62
Employee + Spouse + Children	n/a	\$1,806.9200	\$1,843.06

Dental Plan

Employee	n/a	\$49.7200	\$50.71
Employee + 1	n/a	\$96.0900	\$98.01
Employee + 2 or more	n/a	\$145.6000	\$148.51

Vision Plan

Employee	n/a	\$17.7900	\$18.15
Employee + Spouse	n/a	\$36.6400	\$37.37
Employee + Child	n/a	\$25.8800	\$26.40
Employee + Children	n/a	\$31.1100	\$31.73
Employee + Spouse + Child	n/a	\$44.7700	\$45.67
Employee + Spouse + Children	n/a	\$50.1700	\$51.17

The COBRA rate = the full premium + 2% admin fee

2017 Retiree	Code	Full Premium	COBRA Rate
		Monthly	

Retiree

Retiree	n/a	\$862.49	w/o Medicare
Spouse	n/a	\$1,343.64	
Child(ren)	n/a	\$807.91	
Retiree	n/a	\$775.37	w/ Medicare
Spouse	n/a	\$775.37	
Child(ren)	n/a	\$1,099.39	

LEOFF Retiree

Retiree	n/a	\$1,462.21	w/o Medicare
Spouse	n/a	\$1,754.72	
Child(ren)	n/a	\$1,389.07	
Retiree	n/a	\$775.37	w/ Medicare
Spouse	n/a	\$775.37	
Child(ren)	n/a	\$1,099.39	

LEOFF Active Employee

Employee	n/a	\$1,705.22
Spouse	n/a	\$1,527.86