

**2020-2021 COBRA RATES (SUBJECT TO CHANGE)**

**As of July 1, 2020**

<b>MEMBER</b>	<b>\$1,106.25 ANNUALLY</b>
<b>INDIVIDUAL (SPOUSE/CHILD)</b>	<b>\$1100.99 ANNUALLY</b>
<b>MEMBER + ONE DEPENDENT</b>	<b>\$1,610.54</b>
<b>+ TWO DEPENDENTS</b>	<b>\$1,239.91</b>
<b>ADDITIONAL DEPENDENTS</b>	<b>\$ 735.62</b>

**2020-2021 RETIREE COVERAGE RATES**

<b>RETIREE.....</b>	<b>\$490.00</b>
<b>RETIREE SPOUSE/ELIGIBLE DEPENDENT.....</b>	<b>\$732.00</b>

## QUALIFYING COBRA EVENTS

QUALIFYING EVENT	PEOPLE ELIGIBLE	COVERAGE UP TO	BENEFITS COVERED
TERMINATION(FOR ANY REASON OTHER THAN MISCONDUCT/FMLA/MILITARY LEAVE	YOU, YOUR SPOUSE, YOUR CHILDREN	18 MONTHS	SAME BENEFITS AS YOU RECEIVED WHEN AN ACTIVE MEMBER
YOUR WORKING HOURS ARE REDUCED	YOU, YOUR SPOUSE, YOUR CHILDREN	18 MONTHS	SAME BENEFITS AS YOU RECEIVED WHEN AN ACTIVE MEMBER
YOU DIE	YOUR COVERED SPOUSE AND DEPENDENTS	36 MONTHS	DENTAL, VISION, MEDICAL REIMBURSEMENT(\$500 MAXIMUM/FAMILY)
YOU DIVORCE	YOUR COVERED SPOUSE	36 MONTHS	DENTAL, VISION, MEDICAL REIMBURSEMENT

<b>YOUR DEPENDENT CHILD NO LONGER QUALIFIES AS AN ELIGIBLE DEPENDENT</b>	<b>YOUR COVERED DEPENDENTS</b>	<b>36 MONTHS</b>	<table border="1"><tr><td data-bbox="1184 245 1491 342"><b>DENTAL, VISION**</b></td></tr><tr><td data-bbox="1184 293 1491 342"></td></tr></table>	<b>DENTAL, VISION**</b>	
<b>DENTAL, VISION**</b>					

**\*\*ACTIVE MEMBERS CAN INCLUDE CLAIMS FOR THESE COBRA COVERED DEPENDENTS ON MEDICAL REIMBURSEMENT CLAIMS**