



**COBRA BENEFITS**  
**10/1/2020 through 9/30/2021**  
**Monthly Rates**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_ Preferred Email Address: \_\_\_\_\_

Circle the desired level of coverage:

**MEDICAL AND RX**

	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Child(ren)</b>	<b>Family</b>
<b>Comprehensive Rx E</b>	\$717.82	\$1,435.63	\$1,373.78	\$2,202.61
<b>Comprehensive Rx C</b>	\$706.98	\$1,413.93	\$1,353.19	\$2,170.09
<b>Comprehensive Rx B</b>	\$689.46	\$1,378.92	\$1,319.91	\$2,117.55
<b>Basic Rx E</b>	\$697.31	\$1,394.65	\$1,334.21	\$2,137.98
<b>Basic Rx C</b>	\$686.48	\$1,372.95	\$1,313.60	\$2,105.48
<b>Basic Rx B</b>	\$668.96	\$1,337.95	\$1,280.36	\$2,052.93
<b>Extended Rx E</b>	\$963.08	\$1,926.24	\$1,843.31	\$2,892.37
<b>Extended Rx C</b>	\$952.24	\$1,904.57	\$1,822.71	\$2,859.83
<b>Extended Rx B</b>	\$934.72	\$1,869.56	\$1,789.42	\$2,807.30

**Primary Care Physician (PCP) Required for Comprehensive Plan and Basic Plan**

PCP Name: \_\_\_\_\_  
 (Add additional page w/PCP for dependents if necessary)

<b><u>DENTAL</u></b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee +Child(ren)</b>	<b>Family</b>
<b>STANDARD</b>	\$22.88	\$44.90	\$46.77	\$64.54
<b>PREMIUM</b>	\$51.21	\$77.97	\$81.22	\$112.09
<b><u>VISION</u></b>	\$6.09	\$12.18	\$13.70	\$19.79

**Dependent Information – Add additional page if necessary**

<b>Name of Dependent(s)</b>	<b>Sex</b>	<b>Relationship</b>	<b>DOB</b>	<b>SS#</b>

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_