

## Monthly COBRA Premiums

Effective January 1, 2020

### Medical Plan Rates

Coverage Level	Depot Traditional	Depot Advantage	Depot Protection
Participant Only	\$557.15	\$524.97	\$480.22
Participant & Spouse/DP	\$1,170.04	\$1,102.45	\$1,008.45
Participant & Child(ren)	\$891.46	\$839.96	\$768.35
Participant & Family	\$1,615.77	\$1,522.43	\$1,392.63

### Dental Plan Rates

Coverage Level	PPO w/Ortho	PPO w/o Ortho
Participant Only	\$34.83	\$36.79
Participant & Spouse/DP	\$69.68	\$73.57
Participant & Child(ren)	\$83.60	\$75.41
Participant & Family	\$118.43	\$110.35

### Vision Plan Rates

Coverage Level	Vision Low	Vision High
Participant Only	\$6.20	\$14.94
Participant & Spouse/DP	\$9.91	\$23.90
Participant & Child(ren)	\$10.13	\$24.14
Participant & Family	\$16.33	\$39.28