



## LARIMER COUNTY 2021 COBRA COST SUMMARY

<u>PLAN NAME</u>	Monthly Premium	Admin. Fee 2%	Total Monthly Payment
<b>STANDARD PPO PLAN</b>			
<b>Meritain (Group #17498)</b>			
Employee Only	\$ 900.00	\$18.00	\$918.00
Employee and Spouse	\$ 1,750.00	\$35.00	\$1,785.00
Employee and One Child	\$ 1,200.00	\$24.00	\$1,224.00
Employee and Children	\$ 1,650.00	\$33.00	\$1,683.00
Employee and Family	\$ 2,300.00	\$46.00	\$2,346.00
<b>CHOICE PPO PLAN</b>			
<b>Meritain (Group #17498)</b>			
Employee Only	\$ 1,000.00	\$20.00	\$1,020.00
Employee and Spouse	\$ 1,900.00	\$38.00	\$1,938.00
Employee and One Child	\$ 1,350.00	\$27.00	\$1,377.00
Employee and Children	\$ 1,800.00	\$36.00	\$1,836.00
Employee and Family	\$ 2,600.00	\$52.00	\$2,652.00
<b>HDHP w/ HSA Plan</b>			
<b>Meritain (Group #17498)</b>			
Employee Only	\$ 850.00	\$17.00	\$867.00
Employee and Spouse	\$ 1,550.00	\$31.00	\$1,581.00
Employee and One Child	\$ 1,100.00	\$22.00	\$1,122.00
Employee and Children	\$ 1,400.00	\$28.00	\$1,428.00
Employee and Family	\$ 2,000.00	\$40.00	\$2,040.00
<b>DENTAL PLAN</b>			
<b>Delta Dental (Group #304098)</b>			
Employee Only	\$ 38.00	\$0.76	\$38.76
Employee and One Dependent	\$ 74.00	\$1.48	\$75.48
Employee and Family	\$ 107.00	\$2.14	\$109.14
<b>VISION SERVICE PLAN</b>			
<b>(Group #12065186)</b>			
Employee Only	\$ 8.82	\$0.18	\$9.00
Employee and One Dependent	\$ 16.70	\$0.33	\$17.03
Employee and Family	\$ 24.40	\$0.49	\$24.89
<b>EMPLOYEE ASSISTANCE PROGRAM</b>			
<b>(ComPsych)</b>			
Employee and/or Family	\$1.40	\$0.03	\$1.43