



**LARIMER COUNTY
2022 COBRA COST SUMMARY**

<u>PLAN NAME</u>	<u>Monthly Premium</u>	<u>Admin. Fee 2%</u>	<u>Total Monthly Payment</u>
STANDARD PPO PLAN			
Meritain (Group #17498)			
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
CHOICE PPO PLAN			
Meritain (Group #17498)			
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
HDHP w/ HSA Plan			
Meritain (Group #17498)			
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
DENTAL PLAN			
Delta Dental (Group #304098)			
Employee Only	\$ 39.00	\$0.78	\$39.78
Employee and One Dependent	\$ 76.00	\$1.52	\$77.52
Employee and Family	\$ 110.00	\$2.20	\$112.20
VISION SERVICE PLAN			
(Group #12065186)			
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
EMPLOYEE ASSISTANCE PROGRAM			
(ComPsych)			
Employee and/or Family	\$1.40	\$0.03	\$1.43