



LARIMER COUNTY 2024 COBRA COST SUMMARY

<u>PLAN NAME</u>	Monthly Premium	Admin. Fee 2%	Total Monthly Payment
STANDARD PPO PLAN			
Meritain (Group #17498)			
Employee Only	\$ 926.00	\$18.52	\$944.52
Employee and Spouse	\$ 1,802.00	\$36.04	\$1,838.04
Employee and One Child	\$ 1,236.00	\$24.72	\$1,260.72
Employee and Children	\$ 1,700.00	\$34.00	\$1,734.00
Employee and Family	\$ 2,370.00	\$47.40	\$2,417.40
CHOICE PPO PLAN			
Meritain (Group #17498)			
Employee Only	\$ 1,030.00	\$20.60	\$1,050.60
Employee and Spouse	\$ 1,958.00	\$39.16	\$1,997.16
Employee and One Child	\$ 1,400.00	\$28.00	\$1,428.00
Employee and Children	\$ 1,854.00	\$37.08	\$1,891.08
Employee and Family	\$ 2,678.00	\$53.56	\$2,731.56
HDHP w/ HSA Plan			
Meritain (Group #17498)			
Employee Only	\$ 846.00	\$16.92	\$862.92
Employee and Spouse	\$ 1,596.00	\$31.92	\$1,627.92
Employee and One Child	\$ 1,332.00	\$26.64	\$1,358.64
Employee and Children	\$ 1,442.00	\$28.84	\$1,470.84
Employee and Family	\$ 2,060.00	\$41.20	\$2,101.20
DENTAL PLAN			
Delta Dental (Group #304098)			
Employee Only	\$ 42.00	\$0.84	\$42.84
Employee and One Dependent	\$ 82.00	\$1.64	\$83.64
Employee and Family	\$ 118.00	\$2.36	\$120.36
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