

# WASHINTON COUNTY PUBLIC SCHOOLS

## COBRA Benefit Premiums

July 1, 2021-June 30, 2022

	Employee Coverage Tier	Monthly COBRA Rates
<b>In and Out of Network</b>	Employee Only	\$982.41
	Employee + Spouse	\$1,964.80
	Employee + Child(ren)	\$1,505.05
	Employee + Family	\$2,487.58
<b>In Network Only</b>	Employee Only	\$901.10
	Employee + Spouse	\$1,802.20
	Employee + Child(ren)	\$1,380.50
	Employee + Family	\$2,281.71
<b>Dental</b>	Employee Only	\$22.78
	Employee + Spouse	\$45.54
	Employee + Child(ren)	\$48.96
	Employee + Family	\$96.23
<b>Vision</b>	Employee Only	\$3.72
	Employee + Spouse	\$6.75
	Employee + Child(ren)	\$7.09
	Employee + Family	\$10.93