

COBRA Rates 2021 - UWUA

Company Facilities	Plan Name	2021 Monthly COBRA Rate Single Coverage
POL	PPO Plan	\$982.12
POL	Choice Plan	\$931.75
All sites	Dental	\$55.37
All sites	Core Vision - Employee Only	\$8.50
All sites	Health Reimbursement Account (For Hearing Aids) - Employee Only	\$28.33
All sites	Employee Assistance Program	\$1.53

Company Facilities	Plan Name	2021 Monthly COBRA Rate Family Coverage
POL	PPO Plan	\$2,477.79
POL	Choice Plan	\$2,329.82
All sites	Dental	\$122.37
All sites	Employee Assistance Program	\$1.53

All rates include a 2% administrative fee