

# COBRA RATES

## JANUARY 1, 2019 through DECEMBER 31, 2019

**EMPLOYEE GROUPS: FOPPO, LOCAL 701, PROSECUTING ATTORNEYS, DSA**

All payments are due on the first day of each month. There is a 30-day payment grace period. Payments received after the end of the 30-day grace period will be considered late and coverage will be canceled. Once canceled, coverage cannot be reinstated.

| <b>MEDICAL PLANS</b>          | <b>1-PARTY</b> | <b>2-PARTY</b> | <b>FAMILY</b> |
|-------------------------------|----------------|----------------|---------------|
| PERFORMANCE PPO PLAN (MODA)   | \$847.52       | \$1,694.00     | \$2,414.26    |
| PREFERRED PPO PLAN (MODA)     | \$744.78       | \$1,489.53     | \$2,121.48    |
| MAJOR MEDICAL PPO PLAN (MODA) | \$378.40       | \$756.78       | \$1,078.39    |
| KAISER HMO PLAN               | \$727.18       | \$1,452.66     | \$2,070.48    |
| KAISER MAINTENANCE HMO PLAN   | \$568.43       | \$1,136.85     | \$1,620.09    |

| <b>DENTAL PLANS</b> | <b>1-PARTY</b> | <b>2-PARTY</b> | <b>FAMILY</b> |
|---------------------|----------------|----------------|---------------|
| DELTA               | \$55.94        | \$111.83       | \$159.14      |
| KAISER              | \$89.27        | \$178.58       | \$254.47      |
| WILLAMETTE          | \$62.93        | \$125.87       | \$179.42      |

# **COBRA RATES**

## **JANUARY 1, 2019 through DECEMBER 31, 2019**

COBRA coverage must be elected by following the procedure explained in the *Notice of Right To Elect COBRA Continuation Coverage*. This *Notice* will be provided to you if you lose County-sponsored health insurance coverage due to a qualifying event.

All payments are due on the first day of each month. There is a 30-day payment grace period. Payments received after the end of the 30-day grace period will be considered late and coverage will be canceled. Once canceled, coverage cannot be reinstated.

For more information about COBRA, please read your *Notice* or contact the Employee Benefits Office at 503-988-3477 or [employee.benefits@multco.us](mailto:employee.benefits@multco.us)

**To determine your COBRA rate:**

Choose the appropriate rate schedule depending on your bargaining unit affiliation at the time your health coverage ended. Then, choose the tier of your coverage based on the number of beneficiaries enrolling in COBRA.