

Henrico County Public Schools

2017 Monthly COBRA Premiums

ANTHEM

	STANDARD POS	PREMIER POS	LUMENOS HSA	OUT-OF-AREA PPO
Self Only	\$517.77	\$596.31	\$336.99	\$596.31
Self & Child	\$787.03	\$906.45	\$512.26	\$906.45
Self & Children	\$1,190.83	\$1,371.47	\$775.08	\$1,371.47
Self & Spouse	\$994.01	\$1,144.85	\$646.99	\$1,144.85
Self & Family	\$1,506.52	\$1,735.14	\$980.57	\$1,735.14

DELTA DENTAL

	Delta Care DHMO	High PPO	Low PPO
Self Only	\$18.52	\$33.13	\$22.34
Self & 1 Dependent	\$30.84	\$60.30	\$40.39
Self & Family	\$41.64	\$94.68	\$63.38