

Henrico County Public Schools

2018 Monthly COBRA Premiums

ANTHEM

	STANDARD POS	PREMIER POS	LUMENOS HSA	OUT-OF-AREA PPO
Self Only	\$541.07	\$623.16	\$336.99	\$623.16
Self & Child	\$822.45	\$947.25	\$512.26	\$947.25
Self & Children	\$1,244.42	\$1,433.20	\$775.08	\$1,433.20
Self & Spouse	\$1,038.75	\$1,196.38	\$646.99	\$1,196.38
Self & Family	\$1,574.31	\$1,813.23	\$980.57	\$1,813.23

DELTA DENTAL

	Delta Care DHMO	High PPO	Low PPO
Self Only	\$18.52	\$33.33	\$22.34
Self & 1 Dependent	\$30.84	\$60.30	\$40.39
Self & Family	\$41.64	\$94.68	\$63.38