

## 2018 COBRA Rates - New Hanover Regional Medical Center

Rates reflect Monthly Premiums

<b>Medical - BCBSNC</b>	<b>NHRMC Plan</b>	<b>Standard Plan</b>
<b>EE Only</b>	\$ 676.81	\$ 1,052.44
<b>EE / Children</b>	\$ 1,008.82	\$ 1,507.63
<b>EE / Spouse</b>	\$ 1,390.07	\$ 2,468.42
<b>Family</b>	\$ 1,761.80	\$ 2,977.92

<b>Dental - Ameritas</b>	<b>Dental Plan</b>
<b>EE Only</b>	\$ 32.50
<b>EE / Children</b>	\$ 86.34
<b>EE / Spouse</b>	\$ 64.60
<b>Family</b>	\$ 125.79

<b>Vision - CEC</b>	<b>Vision Plan</b>
<b>EE Only</b>	\$ 11.14
<b>EE + 1 Dependent</b>	\$ 21.19
<b>Family</b>	\$ 30.40