

2018 COBRA Rates - Pender Memorial Hospital

Rates reflect Monthly Premiums

Medical - BCBSNC	PPO Plan
EE Only	\$ 720.09
EE / Children	\$ 1,069.73
EE / Spouse	\$ 1,496.62
Family	\$ 1,859.62

Dental - Ameritas	Dental Plan
EE Only	\$ 34.92
EE / Children	\$ 87.30
EE / Spouse	\$ 66.30
Family	\$ 119.34

Vision - CEC	Vision Plan
EE Only	\$ 11.14
EE + 1 Dependent	\$ 21.19
Family	\$ 30.40