

2017 Retiree Medical Contribution Rates and COBRA Rates

Per Month - Per Person

United Healthcare		
Participant	Retiree Rate	COBRA Rate
Participant Under Age 65 Retiree/Surviving Spouse/Dependent	\$507.00	\$1478.46
Group Health Options		
Participant	Retiree Rate	COBRA Rate
Participant Under Age 65 Retiree/Surviving Spouse/Dependent	\$309.00	\$902.05

2017 Retiree Medical Contribution Rates if Medicare Eligible

Per Month - Per Person

United Healthcare		
Participant	Retiree Rate	COBRA Rate
Participant Under Age 65 Retiree/Surviving Spouse/Dependent	\$289.00	\$1478.46
Group Health Options		
Participant	Retiree Rate	COBRA Rate
Participant Under Age 65 Retiree/Surviving Spouse/Dependent	\$194.00	\$902.05

Only for Current COBRA Dental Participants (through CONEXIS)

2017 Dental COBRA Monthly Rates

Level of Coverage	Delta Dental of Washington	Willamette Dental
Individual	\$43.22	\$43.90
Individual +1	\$78.11	\$87.98
Individual + more than 1	\$115.60	\$164.80