

**2020 HEWT Medical/Vision
Displaced Worker Program
Monthly Rates**

Level of Coverage	Kaiser Permanente Options		
	1 st 12 Months	2 nd 12 Months*	3 rd 12 Months*
Individual	\$179.34	\$ 373.63	\$ 747.26
Individual Plus One	\$328.18	\$ 683.71	\$1367.41
Individual Plus More Than One	\$550.58	\$1147.04	\$2294.08

Level of Coverage	UnitedHealthcare PPO		
	1 st 12 Months	2 nd 12 Months*	3 rd 12 Months*
Individual	\$376.73	\$ 784.85	\$1569.69
Individual Plus One	\$735.77	\$1532.85	\$3065.70
Individual Plus More Than One	\$1056.37	\$2200.77	\$4401.53

* Rates adjust January 1 each Calendar year

**2020 HEWT Dental
COBRA Monthly Rates**

Level of Coverage	Delta Dental Buy Up	Willamette Dental
Individual	\$ 45.18	\$ 50.29
Individual Plus One	\$ 81.65	\$100.73
Individual Plus More Than One	\$120.83	\$188.75

**2020 HEWT EAP
COBRA Monthly Rates**

Level of Coverage	Employee Assistance Program
Employee	\$ 2.24

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) was created by a federal law and provides continuing benefits for eligible individuals.