



AISD COBRA Rates

2018-19

MEDICAL PLANS

CDHP

	<u>Monthly COBRA</u>
Employee Only	\$547.59
Employee + Spouse	\$904.59
Employee + Children	\$828.09
Employee + Family	\$1,083.09

PPO

	<u>Monthly COBRA</u>
Employee Only	\$634.29
Employee + Spouse	\$1,011.69
Employee + Children	\$924.99
Employee + Family	\$1,200.39

AISD DENTAL REIMBURSEMENT

	<u>Monthly COBRA</u>
Employee Only	\$20.40
Employee + Dependent	\$40.80
Employee + 2 or More Dependents	\$63.24

VSP VISION PLAN

Option I

	<u>Monthly COBRA</u>
Employee Only	\$10.63
Employee + Spouse	\$21.29
Employee + Children	\$22.77
Employee + Family	\$36.41

Option II

	<u>Monthly COBRA</u>
Employee Only	\$14.58
Employee + Spouse	\$29.18
Employee + Children	\$31.23
Employee + Family	\$49.90