

2017 COBRA Rates (monthly)

AA Plans - APA, APFA, CWA, TWU including US Dispatch, Mgmt/Support Staff

Self-Funded Medical	EE ONLY	EE + Spouse	EE + Child(ren)	EE + Eamily
Value	\$876.17	\$2,015.19	\$1,577.10	\$2,716.13
Standard	\$487.11	\$1,120.36	\$876.80	\$1,510.04
Core	\$424.61	\$976.59	\$764.29	\$1,316.27
OOA	\$487.11	\$1,120.36	\$876.80	\$1,510.04

Fully-Insured Medical	EE ONLY	EE + Spouse	EE + Child(ren)	EE + Eamily
CommunityCare of OK	\$497.47	\$1,290.88	\$894.16	\$1,737.13
Health Plan Hawaii	\$339.73	\$880.76	\$610.26	\$1,185.11
Humana of Puerto Rico Actives	\$212.61	\$550.20	\$381.40	\$740.10
Kaiser - N. Cal.	\$456.00	\$1,183.04	\$819.52	\$1,592.01
Kaiser - S. Cal.	\$456.00	\$1,183.04	\$819.52	\$1,592.01
Kaiser of Mid-Atlantic	\$456.00	\$1,183.04	\$819.52	\$1,592.01
Triple S PPO Actives	\$278.58	\$722.23	\$501.04	\$971.21

Vision & Dental (4 Tier Plans)	EE ONLY	EE + Spouse	EE + Child(ren)	EE + Eamily
Vision --- EyeMed	\$5.39	\$10.45	\$10.25	\$14.66
Standard Dental (APA, APFA, CWA, MSS)	\$36.94	\$76.45	\$82.73	\$130.74

Dental (3 Tier Plans)	EE ONLY	EE PLUS1	EE PLUS2
Dental (TWU)	\$48.21	\$92.51	\$131.51
Dental Option 1 (FA)	\$32.50	\$62.39	\$88.67
Dental Option 1 (Pilots)	\$33.97	\$65.21	\$92.69
Dental Option 2 (FA)	\$28.83	\$55.31	\$78.63
Dental Option 2 (Pilots)	\$30.13	\$57.82	\$82.19