COBRA eligibility (ex - event date of 5/8/2019, l	COBRA is administerd by the third 800-259-2738 cobrainquire@askallegiance.co is on the first of the month follor loss of benefits on 5/31/2019, COB beginning of your COBRA eligibli	m wing loss of benefits. RA eligiblity begins on 6/1/2019)
	Lewis & Clark - COBRA Rates effective 4/1/2019 - 3/31/202	
Policy	Coverage Level	COBRA Rate
Medical - Kaiser HMO	Employee Only	\$620.03
	Employee + 1	\$1,240.08
	Family	\$1,736.11
Medical - Kaiser Added Choice	Employee Only	\$816.66
	Employee + 1	\$1,633.31
	Family	\$2,286.64
Medical - Kaiser HDHP	Employee Only	\$685.46
	Employee + 1	\$1,370.91
	Family	\$1,919.27
Dental - Delta	Employee Only	\$56.34
	Employee + 1	\$112.67
	Family	\$157.78
Dental - Kaiser	Employee Only	\$61.36
	Employee + 1	\$122.73
	Family	\$171.81
Dental - Willamette	Employee Only	\$47.17
	Employee + 1	\$94.35
	Family	\$141.88
Employee Assistance Program	All Levels	\$2.09