

**Town of Andover COBRA Rates
July 1, 2021 through June 30, 2022**

Employee Rates

Blue Care Elect PPO	Total Monthly COBRA Cost
Family (102%)	\$2,545.55
Individual (102%)	\$949.83

Network Blue New England	Total Monthly COBRA Cost
Family (102%)	\$2,106.44
Individual (102%)	\$781.38

Dental Blue	Total Monthly COBRA Cost
Family (102%)	\$114.00
Individual (102%)	\$39.25

Vision Service Plan	Total Monthly COBRA Cost
Family (102%)	\$52.31
Individual (102%)	\$24.32

100% of Monthly Premium Rate

Blue Care Elect PPO	
Family	\$2,495.64
Individual	\$931.21

Network Blue New England	
Family	\$2,065.14
Individual	\$766.06