State of Kansas - COBRA Rates (Monthly)

Plan Year 2020

Rates effective 1/1/2020 (3.5% increase)

Employee Category	Plan A	Plan C	Plan J	Plan N	Plan Q	Dental	Vision	
	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	2020	2020 Basic Monthly	2020 Enhanced Monthly
Employee	$660.98	$544.80	$666.46	$562.07	$611.12	$49.96	$3.75	$7.38
Employee + Spouse	$1,439.35	$1,024.96	$1,200.64	$985.97	$1,063.10	$84.01	$7.35	$14.58
Employee + Child(ren)	$1,131.25	$831.31	$1,035.49	$861.14	$946.05	$80.31	$6.64	$13.15
Employee + Family	$1,855.97	$1,222.93	$1,456.54	$1,140.02	$1,260.22	$98.81	$10.25	$20.39

Draft

Rates effective 1/1/2020 (-3.5% EE and 5.0% ER increase)

Employee Category	Plan A	Plan C	Plan J	Plan N	Plan Q	Dental	Vision	
	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	2020	2020 Basic Monthly	2020 Enhanced Monthly
Employee	$664.23	$548.73	$667.90	$567.70	$616.30	$49.96	$3.75	$7.38
Employee + Spouse	$1,414.93	$1,018.51	$1,189.49	$985.75	$1,061.25	$84.01	$7.35	$14.58
Employee + Child(ren)	$1,126.29	$835.14	$1,035.57	$867.98	$952.18	$80.31	$6.64	$13.15
Employee + Family	$1,803.37	$1,203.09	$1,428.08	$1,129.38	$1,245.04	$98.81	$10.25	$20.39

Draft

Plan Year 2019

Rates effective 1/1/2019 (Current)

Employee Category	Plan A	Plan C	Plan J	Plan N	Plan Q	Dental	Vision	
	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	2019	2019 Basic Monthly	2019 Enhanced Monthly
Employee	$637.24	$521.41	$641.82	$539.53	$588.35	$48.42	$3.75	$7.38
Employee + Spouse	$1,389.98	$984.58	$1,157.91	$948.70	$1,025.02	$81.42	$7.35	$14.58
Employee + Child(ren)	$1,091.61	$796.07	$998.37	$827.40	$911.96	$77.83	$6.64	$13.15
Employee + Family	$1,792.52	$1,175.85	$1,405.15	$1,097.54	$1,215.48	$95.76	$10.25	$20.39