



**LARIMER COUNTY
2025 COBRA COST SUMMARY**

<u>PLAN NAME</u>	<u>Monthly Premium</u>	<u>Admin. Fee %</u>	<u>Total Monthly Payment</u>
STANDARD PPO PLAN			
Meritain (Group #17498)			
Employee Only	\$ 954.00	\$19.08	\$973.08
Employee and Spouse	\$ 1,856.00	\$37.12	\$1,893.12
Employee and One Child	\$ 1,274.00	\$25.48	\$1,299.48
Employee and Children	\$ 1,752.00	\$35.04	\$1,787.04
Employee and Family	\$ 2,442.00	\$48.84	\$2,490.84
CHOICE PPO PLAN			
Meritain (Group #17498)			
Employee Only	\$ 1,062.00	\$21.24	\$1,083.24
Employee and Spouse	\$ 2,018.00	\$40.36	\$2,058.36
Employee and One Child	\$ 1,442.00	\$28.84	\$1,470.84
Employee and Children	\$ 1,910.00	\$38.20	\$1,948.20
Employee and Family	\$ 2,760.00	\$55.20	\$2,815.20
HDHP w/ HSA Plan			
Meritain (Group #17498)			
Employee Only	\$ 872.00	\$17.44	\$889.44
Employee and Spouse	\$ 1,644.00	\$32.88	\$1,676.88
Employee and One Child	\$ 1,372.00	\$27.44	\$1,399.44
Employee and Children	\$ 1,486.00	\$29.72	\$1,515.72
Employee and Family	\$ 2,122.00	\$42.44	\$2,164.44
DENTAL PLAN			
Delta Dental (Group #304098)			
Employee Only	\$ 44.00	\$0.88	\$44.88
Employee and One Dependent	\$ 86.00	\$1.72	\$87.72
Employee and Family	\$ 124.00	\$2.48	\$126.48
VISION SERVICE PLAN			
(Group #12065186)			
Employee Only	\$ 8.82	\$0.18	\$9.00
Employee and One Dependent	\$ 16.70	\$0.33	\$17.03
Employee and Family	\$ 24.40	\$0.49	\$24.89
EMPLOYEE ASSISTANCE PROGRAM			
(ComPsych)			
Employee and/or Family	\$1.40	\$0.03	\$1.43