



BAY CITY PUBLIC SCHOOLS

Estimated Illustrative & COBRA Rates 7-1-16 to 6-30-17

DENTAL	Illustrative Rate	COBRA Rate
Single	\$ 28.98	\$ 29.56
Two Person	\$ 53.75	\$ 54.83
Family	\$ 89.06	\$ 90.84

VISION	Illustrative Rate	COBRA Rate
Single	\$ 8.43	\$ 8.60
Two Person	\$ 18.16	\$ 18.52
Family	\$ 27.36	\$ 27.91

These rates do not include incurred but not reported (IBNR) claims cost. To include IBNR, add 12.5% to each rate. HICA amount is included in the rates.