

2018 COBRA RATE SHEET: A. H. Belo Corporation

The monthly premium rates for Medical, Dental and Vision benefits for 2018 will be as follows (amounts do not include the 2% COBRA administration fee).

MEDICAL

OPTION	MONTHLY RATES			
	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	EMPLOYEE & FAMILY
CDHP PLAN				
	\$604.16	\$1,478.32	\$1,154.56	\$1,996.32

MEDICAL

OPTION	MONTHLY RATES			
	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	EMPLOYEE & FAMILY
PPO PLAN				
	\$647.52	\$1,554.01	\$1,230.25	\$2,072.01

DENTAL AND VISION

OPTION	MONTHLY RATES			
	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	EMPLOYEE & FAMILY
DENTAL				
Delta Dental PPO Plan	\$40.47	\$83.32	\$82.34	\$127.08
MetLife DHMO Plan	\$15.85	\$30.13	\$31.72	\$49.16
VISION				
Vision Service Plan	\$13.94	\$29.30	\$29.30	\$29.30

EAP

OPTION	MONTHLY RATES			
	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	EMPLOYEE & FAMILY
EAP PLAN				
	\$1.27	\$1.27	\$1.27	\$1.27