

Milwaukee County Employees COBRA Rates 2019

Monthly Medical Plan Rates

All Employees

Milwaukee County Choice Plus Plan (PPO Comparable)	
Employee Only Coverage	\$642.60
Employee and Child/(ren) Coverage	\$1,156.6
Employee and Spouse	\$1,349.46
Family Coverage	\$2,198.10

Monthly Dental Plan Rates

All Employees

Milwaukee County Conventional Dental Plan (Delta Dental)	
Employee Only Coverage	\$44.77
Employee and Child/(ren) Coverage	\$111.94
Employee and Spouse	\$111.94
Family Coverage	\$111.94
Care Plus (DMO)	
Employee Only Coverage	\$44.77
Employee and Child/(ren) Coverage	\$111.94
Employee and Spouse	\$111.94
Family Coverage	\$111.94

Monthly Vision Plan Rates

All Employees (Except Deputy Sheriffs)

<i>DeltaVision</i>	
Employee Only Coverage	\$4.16
Employee and Child/(ren) Coverage	\$8.50
Employee and Spouse	\$8.32
Family Coverage	\$12.66