



**Lakeview Community Schools**

ADN Estimated Illustrative & COBRA Rates 1/1/2018 to 12/31/2018

<b>Dental</b>	<b>Prior Year Illustrative Rate</b>	<b>2018 Illustrative Rate</b>	<b>2018 COBRA Rate</b>
Single	\$ 31.23	\$ 29.71	\$ 30.31
Two Person	\$ 70.47	\$ 67.05	\$ 68.39
Family	\$ 84.57	\$ 80.47	\$ 82.08

<b>Vision</b>	<b>Prior Year Illustrative Rate</b>	<b>2018 Illustrative Rate</b>	<b>2018 COBRA Rate</b>
Single	\$ 8.30	\$ 10.71	\$ 10.92
Two Person	\$ 18.72	\$ 24.15	\$ 24.63
Family	\$ 22.47	\$ 28.99	\$ 29.57

- 1 The rates include a trend factor of 4% to reflect assumed inflation.
2. These rates do not include incurred but not reported (IBNR) claims cost. To include IBNR, add 12.5% to each rate.
3. HICA amount is included in the rates.