



MONTHLY RATE SHEET EFFECTIVE SEPTEMBER 1, 2026

PPO – COBRA RATES

CLERICAL/SECRETARIAL	RETIRED CLERICAL/SECRETARIAL
CUSTODIAN/MAINTENANCE	RETIRED CUSTODIAN/MAINTENANCE
INSTRUCTIONAL ASSISTANTS	RETIRED INSTRUCTIONAL ASSISTANTS

Rates	Plan	Single	Two Party	Family
View plans and select preferences through NavigateHCR's secure portal, Compass	Medical W/Vision	\$ 955.72	\$ 1,911.44	\$ 2,198.16
	Prescription	\$ 271.04	\$ 542.08	\$ 623.39
	Dental	\$ 47.65	\$ 94.84	\$ 147.47
	Totals	\$ 1,274.41	\$ 2,548.36	\$ 2,969.02

SEPA-Clerks/Sec, SEPR-Clerks/Sec, Retired, CUPA-Custodian/Maintenance, CUPR-Retired, TAPA-Instructional Assistants, TAPR-Retired

Please note that the Federal 2% COBRA administration fee is NOT loaded in the above rates. When you enroll on Compass, you will see the Federal 2% fee referred to as a Service Fee. Please reach out to the NavigateHCR Care Team with any questions.

Participants may select enrollment in any or all plan types.

Enrollment & Payment Instructions

Effective July 1, 2023, NavigateHCR is Bethlehem Area School District's third-party administrator of COBRA continuation of coverage administration. To initiate coverage please complete the Bethlehem Area School District's Benefits Enrollment Form and return it to the Benefits Office at least 30 days prior to coverage beginning. Enrollment information will be provided to NavigateHCR and uploaded into the Compass secure portal. NavigateHCR will contact enrollees once all information is entered in the portal.

Completed Benefits Enrollment Forms and questions related to the form, should be directed to the Benefits Office. The telephone number is (610) 861-0500, extension 60210, the address is:

Bethlehem Area School District
Benefits Office
1516 Sycamore Street
Bethlehem, Pennsylvania 18017-6099
basdbenefits@basdschools.org

For COBRA related information please visit the BASD Benefits Website
basd.mybenefitsinfo.com

The rates illustrated above are for COBRA participants and eligible retirees. All COBRA payments will be processed by NavigateHCR. In order to maintain current coverage or acquire new coverage, payments must be remitted monthly and are due by the 25th of each month. Please contact NavigateHCR for account access and to establish payment preferences within the Compass portal:

NavigateHCR Contact Information:
Phone: 855-742-7427 Opt. 2 Fax: 858-400-4492
Email: CareTeam@NavigateHCR.com
Address: 16885 Via Del Campo Court
San Diego, CA 92127

Please note, rates are subject to change annually.

Rates Effective SEPTEMBER 1, 2026