

COBRA Coverage Rates

(Consolidated Omnibus Budget Reconciliation Act of 1985 Continuation Coverage)

All rates effective January 1, 2024-December 31, 2024

Health COBRA Rates:

HEALTH PLAN	PPO/Choice Plus	EPO Plan	HDHP
Active Employees Monthly COBRA Premium (includes Vision)			
Single	\$1,086.07	\$1,123.92	\$1,031.65
Family	\$2,552.58	\$2,641.55	\$2,400.74
Retiree Monthly COBRA Premium (excludes Vision)			
Single	\$1,081.63	\$1,119.48	\$1,027.21
Family	\$2,541.82	\$2,630.78	\$2,389.98
Couple, 1 w/ Medicare	\$1,275.43	\$1,313.28	\$1,221.01
Family, 1 w/ Medicare	\$1,653.99	\$1,705.10	\$1,556.58
Family, 2 w/ Medicare	\$766.17	\$779.42	\$723.17

COBRA Medicare Only Rates:

HEALTH PLAN	Medicare Advantage
Single w/ Medicare	\$193.80
Couple, 2 w/ Medicare	\$387.60
Family, 3 w/Medicare	\$581.40
Family, 4 w/Medicare	\$775.20

Dental COBRA Rates:

Dental Plan	Delta Dental PPO	Delta Dental EPO
	Total Monthly Premium	Total Monthly Premium
Single	\$27.54	\$35.21
Family	\$95.89	\$116.37