

COBRA Coverage Rates

(Consolidated Omnibus Budget Reconciliation Act of 1985 Continuation Coverage)

All rates effective January 1, 2025-December 31, 2025

Health COBRA Rates:

HEALTH PLAN	PPO/Choice Plus	EPO Plan	HDHP
Active Employees Monthly COBRA Premium (includes Vision)			
Single	\$1,134.12	\$1,173.66	\$1,075.77
Family	\$2,665.52	\$2,758.44	\$2,503.92
Retiree Monthly COBRA Premium (excludes Vision)			
Single	\$1,129.68	\$1,169.23	\$1,071.34
Family	\$2,654.75	\$2,747.68	\$2,493.16
Couple, 1 w/ Medicare	\$1,297.98	\$1,337.53	\$1,239.64
Family, 1 w/ Medicare	\$1,693.37	\$1,746.75	\$1,590.12
Family, 2 w/ Medicare	\$731.99	\$745.82	\$687.07

COBRA Medicare Only Rates:

HEALTH PLAN	Medicare Advantage
Single w/ Medicare	\$168.30
Couple, 2 w/ Medicare	\$336.60
Family, 3 w/Medicare	\$504.90
Family, 4 w/Medicare	\$673.20

Dental COBRA Rates:

Dental Plan	Delta Dental PPO	Delta Dental EPO
	Total Monthly Premium	Total Monthly Premium
Single	\$28.64	\$35.21
Family	\$99.73	\$116.37