

2021 COBRA Coverage Rates

(Consolidated Omnibus Budget Reconciliation Act of 1985 Continuation Coverage)

All rates effective January 1, 2021-December 31, 2021

Health COBRA Rates:

HEALTH PLAN	PPO/Choice Plus	EPO Plan	HDHP
Active Employees Monthly COBRA Premium (includes Vision)			
Single	\$879.33	\$909.95	\$841.83
Family	\$2,066.78	\$2,138.73	\$1,956.97
Retiree Monthly COBRA Premium (excludes Vision)			
Single	\$874.80	\$905.42	\$837.30
Family	\$2,055.79	\$2,127.74	\$1,945.99
Couple, 1 w/ Medicare	\$1,083.90	\$1,114.52	\$1,046.40
Family, 1 w/ Medicare	\$1,390.09	\$1,431.42	\$1,317.80
Family, 2 w/ Medicare	\$724.38	\$735.09	\$689.60

COBRA Medicare Only Rates:

HEALTH PLAN	Medicare Advantage
Single w/ Medicare	\$209.10
Couple, 2 w/ Medicare	\$418.20
Family, 3 w/Medicare	\$627.30
Family, 4 w/Medicare	\$836.40

Dental COBRA Rates:

Dental Plan	Delta Dental PPO	Delta Dental EPO
	Total Monthly Premium	Total Monthly Premium
Single	\$28.06	\$31.95
Family	\$97.71	\$105.56