

COBRA INSURANCE RATES
Effective: 07/01/2024 – 6/30/2025

[HealthEquity/WageWorks](https://mybenefits.wageworks.com) (https://mybenefits.wageworks.com)

1-877-722-2667

2024-2025 Medical COBRA Rates

	UMR PPO	UMR HDHP 1600	UMR HDHP 3200
	MONTHLY		MONTHLY
Individual	\$ 636.24	\$ 559.77	\$ 490.18
Individual + Spouse	\$ 1526.96	\$ 1343.44	\$ 1176.46
Individual + Children	\$ 1208.84	\$ 1063.55	\$ 931.35
Individual + Family	\$ 1908.70	\$ 1679.30	\$ 1470.55

2024-2025 Dental COBRA Rates

	DELTA DENTAL LOW OPTION	DELTA DENTAL HIGH OPTION	EMPLOYERS DENTAL SERVICE
	MONTHLY	MONTHLY	MONTHLY
Individual	\$ 23.79	\$ 44.25	\$ 8.72
Individual + Spouse	\$ 57.14	\$ 106.28	\$ 17.35
Individual + Children	\$ 51.84	\$ 96.43	\$ 21.11
Individual + Family	\$ 82.21	\$ 152.92	\$ 26.16

2024-2025 Vision COBRA Rates

	VISION SERVICE PLAN DISCOUNT	VISION SERVICE PLAN FULL SERVICE
	MONTHLY	MONTHLY
Individual	\$ 0.00	\$ 5.85
Individual + Spouse	\$ 0.00	\$ 11.71
Individual + Children	\$ 0.00	\$ 12.53
Individual + Family	\$ 0.00	\$ 18.97