

2024 Medical - Monthly COBRA Rates		
Medical Providers - Blue Cross Blue Shield, UMR or Surest		
Plan	Carrier 1	Carrier 2
\$1,850 Deductible Plan		
Employee Only	\$752.16	\$810.83
Employee + Spouse	\$1,880.36	\$2,027.04
Employee + Child(ren)	\$1,316.25	\$1,418.92
Employee + Family	\$2,226.34	\$2,400.00
\$3,200 Deductible Plan		
Employee Only	\$627.14	\$676.06
Employee + Spouse	\$1,567.82	\$1,690.11
Employee + Child(ren)	\$1,097.47	\$1,183.08
Employee + Family	\$1,856.30	\$2,001.09
\$4,000 Deductible Copay Plan		
Employee Only	\$641.21	\$691.22
Employee + Spouse	\$1,602.98	\$1,728.01
Employee + Child(ren)	\$1,122.09	\$1,209.61
Employee + Family	\$1,897.93	\$2,045.97
\$6,550 Deductible Plan		
Employee Only	\$583.40	\$628.90
Employee + Spouse	\$1,458.47	\$1,572.23
Employee + Child(ren)	\$1,020.93	\$1,100.56
Employee + Family	\$1,726.82	\$1,861.52
Surest Choice		
Employee Only	\$624.96	n/a
Employee + Spouse	\$1,562.36	n/a
Employee + Child(ren)	\$1,093.65	n/a
Employee + Family	\$1,849.84	n/a

2024 Dental - Monthly COBRA Rates			
Plan	Basic Plan	Standard Plan	Enhanced Plan
Employee Only	\$15.86	\$35.28	\$39.59
Employee + Spouse	\$29.67	\$71.60	\$83.47
Employee + Child(ren)	\$28.16	\$61.63	\$71.67
Employee + Family	\$46.99	\$110.10	\$127.62

2024 Vision - Monthly COBRA Rates		
Plan	Materials Only	Enhanced
Employee Only	\$5.18	\$12.08
Employee + Spouse	\$8.02	\$18.68
Employee + Child(ren)	\$8.18	\$19.07
Employee + Family	\$13.19	\$30.75