

2025 Medical - Monthly COBRA Rates Medical Providers - Blue Cross Blue Shield, UMR or Surest		
Plan	Carrier 1	Carrier 2
1850 HDHP Plan		
Employee Only	\$763.94	\$823.53
Employee + Spouse	\$1,986.25	\$2,141.17
Employee + Child(ren)	\$1,413.29	\$1,523.52
Employee + Family	\$2,444.61	\$2,635.29
3500 HDHP Plan		
Employee Only	\$637.14	\$686.85
Employee + Spouse	\$1,656.58	\$1,785.80
Employee + Child(ren)	\$1,178.72	\$1,270.67
Employee + Family	\$2,038.87	\$2,197.91
6550 HDHP Plan		
Employee Only	\$593.06	\$639.33
Employee + Spouse	\$1,541.96	\$1,662.23
Employee + Child(ren)	\$1,097.16	\$1,182.74
Employee + Family	\$1,897.80	\$2,045.82
Surest Choice Copay Plan		
Employee Only	\$635.45	n/a
Employee + Spouse	\$1,652.18	n/a
Employee + Child(ren)	\$1,175.59	n/a
Employee + Family	\$2,033.45	n/a

2025 Dental - Monthly COBRA Rates			
Plan	Basic Plan	Standard Plan	Enhanced Plan
Employee Only	\$15.82	\$35.18	\$41.00
Employee + Spouse	\$29.59	\$71.40	\$86.45
Employee + Child(ren)	\$28.08	\$61.46	\$74.23
Employee + Family	\$46.86	\$109.79	\$132.18

2025 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