

Monthly Cobra Rates

Effective 10/1/2024

	Medical Choice Plus 1000	Medical Choice Plus 2500	Dental	Vision
Employee	\$948.95	\$747.93	\$28.35	\$6.42
Employee + Spouse	\$2,106.35	\$1,646.83	\$73.09	\$12.84
Employee + Child(ren)	\$1,723.36	\$1,347.39	\$49.37	\$13.75
Family	\$2,872.27	\$2,245.66	\$88.05	\$21.95