

## Monthly Cobra Rates

Effective 10/1/2025

	<b>Medical Choice Plan 1000</b>	<b>Medical Choice Plan 2500</b>	<b>Dental</b>	<b>Vision</b>
<b>Employee</b>	\$1,120.69	\$883.29	\$29.48	\$6.42
<b>Employee + Spouse</b>	\$2,487.58	\$1,944.87	\$76.86	\$12.84
<b>Employee + Children</b>	\$2,035.26	\$1,591.24	\$51.34	\$13.75
<b>Family</b>	\$3,392.11	\$2,652.09	\$91.56	\$21.95