

COBRA

MEDICAL, DENTAL AND VISION MONTHLY CONTRIBUTIONS JANUARY 2024 - DECEMBER 2024

LEVEL OF COVERAGE	MEDICAL				DENTAL		VISION	
	SDHP	PPO	EPO	NON-NETWORK	BASIC	PLUS	BASIC	PLUS
EMPLOYEE								
Employee Only	\$564.06	\$667.08	\$728.28	\$668.10	\$48.96	\$56.10	\$6.51	\$16.48
Employee and Spouse	\$1,436.16	\$1,702.38	\$1,857.42	\$1,702.38	\$77.52	\$90.78	\$12.48	\$31.56
Employee and Child(ren)	\$1,340.28	\$1,590.18	\$1,735.02	\$1,590.18	\$82.62	\$97.92	\$13.04	\$32.97
Employee and Family	\$2,213.40	\$2,623.44	\$2,865.18	\$2,624.46	\$128.52	\$135.66	\$20.11	\$50.86
RETIREE/SURVIVING SPOUSE NOT ELIGIBLE FOR MEDICARE								
Retiree Only or Surviving Spouse Only or Surviving Child Only	\$1,150.56	\$1,361.70	\$1,420.86	\$1,361.70	\$45.90	\$49.98	\$6.51	\$16.48
Retiree and Spouse	\$2,307.24	\$2,731.56	\$2,845.80	\$2,731.56	\$79.56	\$92.82	\$12.48	\$31.56
Retiree and Child(ren) or Surviving Spouse and Child(ren) or Surviving Children Only	\$1,960.44	\$2,323.56	\$2,422.50	\$2,323.56	\$80.58	\$93.84	\$13.04	\$32.97
Retiree and Family	\$2,766.24	\$3,274.20	\$3,414.96	\$3,274.20	\$116.28	\$129.54	\$20.11	\$50.86
DISABILITY RETIREE ELIGIBLE FOR MEDICARE								
Retiree on Medicare Only or Surviving Spouse on Medicare Only	N/A	N/A	N/A	\$1,667.70	\$45.90	\$49.98	\$6.51	\$16.48
Retiree on Medicare and Spouse	N/A	N/A	N/A	\$2,703.00	\$79.56	\$92.82	\$12.48	\$31.56
Retiree on Medicare and Child(ren) or Surviving Spouse on Medicare and Child(ren)	N/A	N/A	N/A	\$2,590.80	\$80.58	\$93.84	\$13.04	\$32.97
Retiree on Medicare and Family	N/A	N/A	N/A	\$3,624.06	\$116.28	\$129.54	\$20.11	\$50.86
RRA RETIREE /SPLIT RRA DEPENDENTS NOT ELIGIBLE FOR MEDICARE								
Retiree Only or Spouse Only	\$1,150.56	\$1,361.70	\$1,420.86	\$1,361.70	\$45.90	\$49.98	\$6.51	\$16.48
Child(ren) Only	\$809.88	\$961.86	\$1,001.64	\$961.86	\$34.68	\$43.86	\$6.51	\$16.48
Retiree and Child(ren) or Spouse and Child(ren)	\$1,960.44	\$2,323.56	\$2,422.50	\$2,323.56	\$80.58	\$93.84	\$13.04	\$32.97