

2024 MONTHLY COBRA RATES

NOTE: RATES MAY VARY SLIGHTLY ON COUPONS DUE TO ROUNDING IN THE BILLING SOFTWARE.

MEDICAL AND PHARMACY

Medical & Pharmacy Plans	Tier of Coverage	Monthly Premium
UHC HDHP OON Choice Plus Network	Single	\$684.73
	Single + Spouse	\$1,472.74
	Single + Children	\$1,259.36
	Single + Overage Children	\$1,303.50
	Family	\$2,152.81
	Family + Overage Children	\$2,197.01
UHC CDH Plan Choice Network	Single	\$1,112.53
	Single + Spouse	\$2,392.86
	Single + Children	\$2,046.03
	Single + Overage Children	\$2,090.23
	Family	\$3,497.55
	Family + Overage Children	\$3,541.74

TIER OF COVERAGE	DENTAL	
	HUMANA DHMO	UHC DPPO
Single	\$11.98	\$36.38
Single + Spouse/DP	\$21.53	\$72.20
Single + Child(ren)	\$23.96	\$84.69
Family	\$28.73	\$120.51

VISION
HUMANA VISION
\$9.08
\$18.21
\$17.26
\$27.14