



**2024 COBRA MONTHLY RATES**

**MEDICAL INSURANCE PREMIUMS PER MONTH**

	Single	2 Party	3 Party	4 Party
<b>Value High Deductible Health Plan</b> (all locations)	\$596.78	\$1201.10	\$1497.90	\$1972.72
<b>Consumer Directed High Deductible Plan</b> (all locations)	\$638.02	\$1283.59	\$1601.00	\$2108.88
<b>Value PPO</b> (all locations)	\$652.70	\$1305.40	\$1631.75	\$2153.93
<b>Idaho PPO</b> (Idaho only)	\$676.35	\$1352.72	\$1690.89	\$2231.99
<b>PPO</b> (All locations outside Idaho)	\$698.93	\$1397.85	\$1747.31	\$2306.44
<b>Kaiser HMO</b> (Northern CA, VA, MD, DC, CO, GA only)	\$650.21	\$1300.42	\$1625.52	\$2145.69

**DENTAL INSURANCE PREMIUMS PER MONTH**

<b>Willamette Dental Blue</b> (Idaho only)	\$40.96	\$83.52	\$104.39	\$137.85
<b>Blue Cross Dental</b>	\$48.27	\$96.55	\$120.69	\$159.32
<b>Blue Cross Dental Plus</b>	\$57.59	\$115.19	\$143.98	\$190.04
<b>Delta Dental</b>	\$57.86	\$115.72	\$144.64	\$190.92

**VISION INSURANCE PREMIUMS PER MONTH**

<b>VSP Vision</b>	\$11.05	\$22.10	\$27.63	\$36.47
<b>VSP Vision Choice</b>	\$19.91	\$39.80	\$49.75	\$65.68

**CLINIC PLAN PREMIUMS PER MONTH**

<b>Clinic Plan</b>	\$52.90	\$52.90	\$52.90	\$52.90
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**EMPLOYEE ASSISTANCE PLAN PREMIUMS PER MONTH**

<b>EAP</b>	\$1	\$1	\$1	\$1
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