

2024 COBRA Premiums

MEDICAL INSURANCE		
Provider		Monthly COBRA Premium
FT PPO 1000		
1	Team Member Only	\$805.59
2	Team Member & Spouse/DP	\$1,772.29
3	Team Member & Child(ren)	\$1,530.61
4	Family	\$2,416.76
FT HDHP 2000 - Non-Embedded		
1	Team Member Only	\$743.21
2	Team Member & Spouse/DP	\$1,635.06
3	Team Member & Child(ren)	\$1,412.10
4	Family	\$2,229.63
FT HDHP 3200		
1	Team Member Only	\$715.90
2	Team Member & Spouse/DP	\$1,574.97
3	Team Member & Child(ren)	\$1,360.20
4	Family	\$2,147.68
FT HDHP 4000		
1	Team Member Only	\$684.56
2	Team Member & Spouse/DP	\$1,506.04
3	Team Member & Child(ren)	\$1,300.66
4	Family	\$2,053.69

DENTAL & VISION INSURANCE		
Provider		Monthly COBRA Premium
Delta Dental - Basic Plan		
1	Team Member Only	\$18.36
2	Team Member & Spouse/DP	\$37.74
2	Team Member & Child(ren)	\$58.14
2	Family	\$76.50
Delta Dental - Premier Plan		
1	Team Member Only	\$42.84
2	Team Member & Spouse/DP	\$86.70
3	Team Member & Child(ren)	\$125.46
4	Family	\$168.30
Vision Service Plan		
1	Team Member Only	\$8.48
2	Team Member & Spouse/DP	\$16.10
3	Team Member & Child(ren)	\$16.93
4	Family	\$24.91