

2025 COBRA Premiums

MEDICAL INSURANCE		
Provider		Monthly COBRA Premium
FT PPO 1250		
1	Team Member Only	\$853.91
2	Team Member & Spouse/DP	\$1,878.60
3	Team Member & Child(ren)	\$1,622.43
4	Family	\$2,561.73
FT HDHP 2250 - Non-Embedded		
1	Team Member Only	\$787.80
2	Team Member & Spouse/DP	\$1,733.14
3	Team Member & Child(ren)	\$1,496.80
4	Family	\$2,363.38
FT HDHP 3500		
1	Team Member Only	\$758.84
2	Team Member & Spouse/DP	\$1,669.45
3	Team Member & Child(ren)	\$1,441.79
4	Family	\$2,276.51
FT HDHP 4000		
1	Team Member Only	\$725.63
2	Team Member & Spouse/DP	\$1,596.38
3	Team Member & Child(ren)	\$1,378.69
4	Family	\$2,176.88

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