

2024 COBRA Rates *(does not inc 2% admin)*

MEDICAL ADVANTAGE (COPAY) - UHC	
SINGLE	\$755.34
EE + SPOUSE	\$1,584.16
EE + CHILD	\$1,306.16
FAMILY	\$2,465.40
MEDICAL HDP - UHC	
SINGLE	\$602.30
EE + SPOUSE	\$1,262.74
EE + CHILD	\$1,038.32
FAMILY	\$1,960.32
METLIFE DENTAL	Basic Plan
SINGLE	\$26.00
EE + SPOUSE	\$71.32
EE + CHILD	\$65.66
FAMILY	\$79.62
METLIFE DENTAL	Premium Plan
SINGLE	\$30.26
EE + SPOUSE	\$83.02
EE + CHILD	\$76.40
FAMILY	\$92.74
VSP VISION	
SINGLE	\$5.60
EE + SPOUSE	\$11.76
EE + CHILD	\$13.46
FAMILY	\$16.14