



2024 monthly COBRA rates

The monthly COBRA rates represent 100% of the premium plus a 2% administrative fee.

Medical

Plan	Team Member Only	Team Member + Spouse	Team Member + Child(ren)	Family
HSA HDP	\$684.22	\$1,504.65	\$1,331.94	\$2,035.56
PPO	\$838.52	\$1,843.96	\$1,632.31	\$2,494.59

Dental

Plan	Team Member Only	Team Member + Spouse	Team Member + Child(ren)	Family
High	\$61.48	\$125.98	\$116.75	\$176.68
DMO	\$13.75	\$27.50	\$30.93	\$44.68

Vision

Plan	Team Member Only	Team Member + Spouse	Team Member + Child(ren)	Family
Core	\$0.73	\$1.57	\$1.47	\$2.52
Buy-Up	\$8.43	\$18.09	\$16.97	\$28.93
Buy-Up Plus	\$13.20	\$28.34	\$26.57	\$45.29

*Spouse includes domestic partners.