

2024 COBRA *rates*

Medical plans per month						
COVERAGE	ANTHEM (ALL LOCATIONS)		KAISER PERMANENTE (CALIFORNIA)		KAISER PERMANENTE (PARTS OF OREGON AND WASHINGTON)	
	BASE PPO	CDHP	DEDUCTIBLE HMO	CDHP	DEDUCTIBLE HMO	CDHP
INDIVIDUAL	\$743.25	\$747.04	\$706.49	\$545.97	\$661.47	\$408.80
INDIVIDUAL + SPOUSE	\$1,486.46	\$1,494.09	\$1,413.69	\$1,092.48	\$1,322.94	\$817.59
INDIVIDUAL + CHILD(REN)	\$1,263.49	\$1,285.20	\$1,174.90	\$907.94	\$1,098.04	\$678.60
FAMILY	\$2,304.02	\$2,259.98	\$2,166.82	\$1,674.42	\$2,030.71	\$1,254.96

Dental plans per month		
COVERAGE	BASE PLAN	PREMIUM PLAN
INDIVIDUAL	\$41.98	\$60.24
INDIVIDUAL + SPOUSE	\$90.80	\$130.33
INDIVIDUAL + CHILD(REN)	\$101.50	\$155.98
FAMILY	\$156.27	\$235.63

Vision plans per month		
COVERAGE	BASE PLAN	ENHANCED PLAN
INDIVIDUAL	\$18.84	\$40.86
INDIVIDUAL + SPOUSE	\$37.66	\$81.70
INDIVIDUAL + CHILD(REN)	\$31.55	\$68.44
FAMILY	\$50.98	\$110.63

EMPLOYEE ASSISTANCE PROGRAM (EAP): \$1.70 per month for individual or family coverage.