

2024 COBRA MEDICAL AND DENTAL RATES

AP, AC, AH, CA, CS, FA, FM, LE, PS, CP, PE/PT 2024 COBRA MEDICAL RATES			
Coverage	MONTHLY PREMIUMS		
	BCBS PPO Option 5	Simply Blue (High Deductible)	HMO Blue Care Network
Single	\$832.73	\$760.68	\$474.24
Two Person	\$1,998.54	\$1,825.66	\$1,138.19
3 to 4	\$2,498.18	\$2,282.12	\$1,422.71
5 or more	\$2,872.91	\$2,624.43	\$1,636.10

2024 COBRA DENTAL RATES			
Coverage	MONTHLY PREMIUMS		
	AP, AC, AH, CA, PS, CP, PE/PT	FA, LE	CP, PS
Single	\$46.63	\$44.09	\$36.04
Two Person	\$84.80	\$78.92	\$66.07
3 or more	\$146.97	\$135.35	\$122.84

Premium payments are due on the first of each month and are payable directly to our vendor: HSA Bank
 For questions regarding payment, please contact HSA Bank COBRA Division at 833-509-1542