



2024 COBRA Monthly Rates



Medical	Employee Only	Employee + 1	Employee + 2
Kaiser Permanente HMO	\$762.39	\$1,524.78	\$2,157.57
Kaiser Permanente HDHP	\$595.11	\$1,190.22	\$1,684.16
UnitedHealthcare SignatureValue Performance HMO – Network 1	\$792.64	\$1,584.69	\$2,242.00
UnitedHealthcare SignatureValue CS VEBA Alliance HMO	\$760.49	\$1,520.35	\$2,150.98
UnitedHealthcare Harmony HDHP	\$482.87	\$960.21	\$1,354.13
UnitedHealthcare/UMR Select Plus PPO	\$1,414.37	\$2,828.77	\$4,002.79
SIMNSA Mexico HMO	\$273.07	\$479.67	\$705.06
Dental	Employee Only	Employee + 1	Employee + 2
Delta Dental – PPO/Premier	\$48.72	\$97.39	\$139.05
Delta Dental – DeltaCare USA DHMO	\$17.30	\$31.25	\$40.05
Vision	Employee Only	Employee + 1	Employee + 2
VSP	\$9.71	\$22.46	\$30.44
Employee Assistance Program (EAP)	Employee + Household Members		
Anthem	\$2.20		