



COBRA RATES FOR 2025 *

	P I Employee Only / Individual	ER MONTH Employee + 1 / Two Person	l <u>Family</u>
Medical (CIGNA)			
Platinum Plus Plan	\$1,246.16	\$2,490.70	\$3,487.27
Gold Plan	\$1,091.58	\$2,181.78	\$3,054.74
Silver Plan w/ HSA	\$1,021.66	\$2,041.97	\$2,859.01

Dental (Delta Dental)			
Base Plan	\$40.10	\$80.96	\$113.49
Enhanced Plan	\$57.28	\$115.66	\$162.13

Vision (VSP)			
Base Plan	\$7.62	\$15.22	\$24.52
Enhanced Plan	\$12.28	\$24.54	\$39.56

^{*} These rates include the 2% administrative fee