## **2023 COBRA Rates**



Monthly	Tier	<b>Monthly Total</b>	HRA Total
Red Medical/Pharmacy	Associate + Children Associate + Spouse Associate + Family	\$ 827.42 \$ 1,406.62 \$ 1,812.05 \$ 2,391.25	\$ 895.42 \$ 1,542.62 \$ 1,948.05 \$ 2,527.25
Blue Medical/Pharmacy	Associate + Children Associate + Spouse Associate + Family	\$ 818.90 \$ 1,392.12 \$ 1,793.36 \$ 2,366.58	\$ 886.90 \$ 1,528.12 \$ 1,929.36 \$ 2,502.58
White Medical/Pharmacy	Associate Associate + Children Associate + Spouse Associate + Family	\$ 764.86 \$ 1,300.28 \$ 1,675.06 \$ 2,210.46	\$ 832.86 \$ 1,436.28 \$ 1,811.06 \$ 2,346.46
Green Medical/Pharmacy	Associate Associate + Children Associate + Spouse Associate + Family	\$ 694.74 \$ 1,181.04 \$ 1,521.45 \$ 2,007.77	
SAVI Medical/Pharmacy	Associate + Children Associate + Spouse Associate + Family	\$ 75.99 \$ 159.59 \$ 144.38 \$ 243.19	
Monthly	Tier	Monthly Total	
Red Dental	Associate Associate + Children Associate + Spouse Associate + Family	\$ 46.06 \$ 91.23 \$ 81.03 \$ 148.35	
Blue Dental	Associate Associate + Children Associate + Spouse Associate + Family	\$ 34.33 \$ 70.85 \$ 60.47 \$ 114.69	
White Dental	Associate Associate + Children Associate + Spouse Associate + Family	\$ 22.83 \$ 44.19 \$ 40.21 \$ 73.54	
Premium Vision	Associate + Children Associate + Spouse Associate + Family	\$ 8.14 \$ 17.40 \$ 16.28 \$ 27.85	
Base Vision	Associate + Children Associate + Spouse Associate + Family	\$ 5.24 \$ 11.20 \$ 10.47 \$ 17.91	