## **2024 COBRA Rates**



Monthly	Tier	<b>Monthly Total</b>	HRA Total
Red Medical/Pharmacy	Associate + Children Associate + Spouse Associate + Family	\$ 939.64 \$ 1,597.40 \$ 2,057.81 \$ 2,715.55	\$ 1,007.64 \$ 1,733.40 \$ 2,193.81 \$ 2,851.55
Blue Medical/Pharmacy	Associate Associate + Children Associate + Spouse Associate + Family	\$ 929.95 \$ 1,580.92 \$ 2,036.59 \$ 2,687.54	\$ 997.95 \$ 1,716.92 \$ 2,172.59 \$ 2,823.54
White Medical/Pharmacy	Associate + Children Associate + Spouse Associate + Family	\$ 868.59 \$ 1,476.63 \$ 1,902.24 \$ 2,510.26	\$ 936.59 \$ 1,612.63 \$ 2,038.24 \$ 2,646.26
Green Medical/Pharmacy	Associate + Children Associate + Spouse Associate + Family	\$ 788.97 \$ 1,341.22 \$ 1,727.80 \$ 2,280.07	
SAVI Medical/Pharmacy	Associate + Children Associate + Spouse Associate + Family	\$ 107.46 \$ 225.66 \$ 204.16 \$ 343.86	
Monthly Red Dental	Associate Associate + Children Associate + Spouse Associate + Family	\$ 47.08 \$ 93.25 \$ 82.82 \$ 151.61	
Blue Dental	Associate Associate + Children Associate + Spouse Associate + Family	\$ 35.09 \$ 72.42 \$ 61.81 \$ 117.22	
White Dental	Associate + Children Associate + Spouse Associate + Family	\$ 23.34 \$ 45.17 \$ 41.11 \$ 75.17	
Premium Vision	Associate Associate + Children Associate + Spouse Associate + Family	\$ 8.14 \$ 17.40 \$ 16.28 \$ 27.85	
Base Vision	Associate Associate + Children	\$ 5.24 \$ 11.20	