2025 COBRA Rates



Monthly	Tier	Monthly Total	
Red Medical/Pharmacy	Associate Associate + Children Associate + Spouse Associate + Family	\$ 995.22 \$ 1,691.88 \$ 2,179.53 \$ 2,876.17	
Blue Medical/Pharmacy	Associate Associate + Children Associate + Spouse Associate + Family	\$ 984.96 \$ 1,674.42 \$ 2,157.06 \$ 2,846.50	
White Medical/Pharmacy	Associate Associate + Children Associate + Spouse Associate + Family	\$ 919.98 \$ 1,563.99 \$ 2,014.77 \$ 2,658.75	
Green Medical/Pharmacy	Associate Associate + Children Associate + Spouse Associate + Family	\$ 835.64 \$ 1,420.54 \$ 1,829.99 \$ 2,414.93	
SAVI Medical/Pharmacy	Associate Associate + Children Associate + Spouse Associate + Family	\$ 101.23 \$ 212.58 \$ 192.34 \$ 323.94	

1	Monthly	Tier	Monthly Total
F	Red Dental	Associate + Children Associate + Spouse Associate + Family	\$ 48.24 \$ 95.53 \$ 84.85 \$ 155.34
E	Blue Dental	Associate Associate + Children Associate + Spouse Associate + Family	\$ 35.95 \$ 74.19 \$ 63.33 \$ 120.09
١	White Dental	Associate Associate + Children Associate + Spouse Associate + Family	\$ 23.91 \$ 46.27 \$ 42.12 \$ 77.02
F	Premium Vision	Associate Associate + Children Associate + Spouse Associate + Family	\$ 8.14 \$ 17.40 \$ 16.28 \$ 27.86
E	Base Vision	Associate Associate + Children Associate + Spouse Associate + Family	\$ 5.24 \$ 11.20 \$ 10.48 \$ 17.92