# **2025 MONTHLY COBRA RATES** Administered by iSolved Benefit Services

## Anthem \$2,000/\$4,000 High Deductible Health Plan, Includes Base Dental Plan

Coverage Tier	<b>Monthly Cost</b>
Individual Only	\$981.52
Individual + Spouse	\$1981.79
Individual + Child(ren)	\$1708.98
Family	\$2709.24

### Anthem \$4,000/\$8,000 High Deductible Health Plan, Includes Base Dental Plan

Coverage Tier	<b>Monthly Cost</b>
Individual Only	\$902.15
Individual + Spouse	\$1815.12
Individual + Child(ren)	\$1566.13
Family	\$2479.08

#### Anthem Dental Plan

Coverage Tier	<b>Monthly Cost</b>	<b>Monthly Cost</b>
	Base	Enhanced
Individual Only	\$23.87	\$31.04
Individual + Spouse	\$47.33	\$61.61
Individual + Child(ren)	\$61.53	\$95.75
Family	\$85.81	\$127.45

#### **Anthem Vision Plan**

Coverage Tier	<b>Monthly Cost</b>	
	Base	
Individual Only	\$6.40	
Individual + Spouse	\$11.21	
Individual + Child(ren)	\$12.18	
Family	\$18.57	

