

# 2024 MONTHLY COBRA RATES

Administered by iSolved Benefit Services

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

<u>Coverage Tier</u>	<u>Monthly Cost</u>
Individual Only	\$881.74
Individual + Spouse	\$2,168.05
Individual + Child(ren)	\$1,572.81
Family	\$2,867.56

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

<u>Coverage Tier</u>	<u>Monthly Cost</u>
Individual Only	\$804.33
Individual + Spouse	\$1,978.04
Individual + Child(ren)	\$1,435.84
Family	\$2,617.99

## Delta Dental Enhanced Dental Plan

<u>Coverage Tier</u>	<u>Monthly Cost With Medical Plan</u>	<u>Monthly Cost Without Medical Plan</u>
Individual Only	\$10.61	\$34.06
Individual + Spouse	\$21.33	\$68.51
Individual + Child(ren)	\$28.84	\$87.55
Family	\$43.60	\$134.08

## Anthem Vision Plan

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



BENEFITS + WELLNESS