

Effective January 1, 2024

2024 COBRA Rates

The following chart provides the 2024 COBRA rates by health plan option including medical, dental, and vision coverage. Additional details about COBRA are provided in the *Benefits Book*, which will be available on Teamworks starting January 1, 2024.

Regular and fixed term full-time employees	You	You + spouse ¹	You + children	You + spouse ¹ + children
HSA Plan	\$620.58	\$1,303.21	\$1,117.04	\$1,799.67
Copay Plan with HRA	\$699.02	\$1,467.93	\$1,258.22	\$2,027.13
Local Copay Plan with HRA	\$751.97	\$1,579.14	\$1,353.55	\$2,180.71
Point of Service (POS) Kaiser Added Choice — Hawaii	\$877.39	\$1,842.53	\$1,579.31	\$2,544.44
Kaiser HMO — Colorado (Available in certain locations)	\$788.59	\$1,656.04	\$1,419.46	\$2,286.92
Kaiser HMO — Mid-Atlantic (Available in certain locations)	\$696.25	\$1,462.13	\$1,253.25	\$2,019.13
Kaiser HMO — Northern California (Available in certain locations)	\$836.18	\$1,755.97	\$1,505.11	\$2,424.91
Kaiser HMO — Southern California (Available in certain locations)	\$645.68	\$1,356	\$1,162.23	\$1,872.48
Kaiser HMO — Northwest (Available in certain locations)	\$902.59	\$1,895.44	\$1,624.66	\$2,617.50
Kaiser HMO — Washington (Available in certain locations)	\$746.81	\$1,568.31	\$1,344.27	\$2,165.76
UnitedHealthcare Global — Expatriate Insurance	\$775.95	\$1,706.86	\$1,474.12	\$2,405.05
Delta Dental Standard	\$38.32	\$72.80	\$93.75	\$128.22
Delta Dental Enhanced	\$45.35	\$86.19	\$111.12	\$151.96
Vision Plan	\$7.69	\$15.51	\$15.51	\$23.21

1. Includes domestic partner.

2. Includes Out of Area coverage.

BenefitConnect™ | COBRA

For questions about your COBRA benefits, call BenefitConnect™ | COBRA at 1-877-29-COBRA (1-877-292-6272). For international callers only: 858-314-5108. Specialists are available Monday through Friday, 8:00 a.m. to 6:00 p.m. Central Time. Relay service calls are accepted. You may also access plan information online at cobra.ehr.com.