

COBRA and Retiree Medical, Dental, and Vision Premiums

The monthly premiums for your medical, dental, and vision plans for July 1, 2023, through June 30, 2024, are shown below.

Monthly Medical Plan Premiums

		Wellness Health Plan		Regular Health Plan	Consumer Focused Health Plan
		With Wellness Incentive	Without Wellness Incentive		
Retiree/COBRA Employee Only (Single Coverage)	Retiree:	\$689.76	\$833.14	\$833.14	\$471.16
	COBRA:	\$703.55	\$849.80	\$849.80	\$480.59
Retiree/COBRA Employee + Spouse (Two-Party Coverage)	Retiree:	\$1,827.90	\$2,207.76	\$2,207.76	\$1,248.58
	COBRA:	\$1,864.46	\$2,251.91	\$2,251.91	\$1,273.56
Retiree/COBRA Employee + Dependent Children (Four Party Coverage)	Retiree:	\$1,414.04	\$1,707.92	\$1,707.92	\$965.92
	COBRA:	\$1,442.32	\$1,742.08	\$1,742.08	\$985.24
Retiree/COBRA Employee + Spouse + Dependent Children (Family)	Retiree:	\$2,448.66	\$2,957.58	\$2,957.58	\$1,672.64
	COBRA:	\$2,497.64	\$3,016.73	\$3,016.73	\$1,706.09

Direct Primary Care Monthly Premiums and Membership Fees

		High Deductible Health Plan		Membership Fees
		Select	Standard	
Retiree/COBRA Employee Only (Single Coverage)	Retiree:	\$336.26	\$290.54	\$89.00
	COBRA:	\$342.98	\$296.35	\$90.78
Retiree/COBRA Employee + Spouse (Two-Party Coverage)	Retiree:	\$953.66	\$832.50	\$178.00
	COBRA:	\$972.73	\$849.15	\$181.56
Retiree/COBRA Employee + Dependent Children (Four Party Coverage)	Retiree:	\$724.44	\$630.70	\$150.00
	COBRA:	\$738.93	\$643.32	\$153.00
Retiree/COBRA Employee + Spouse + Dependent Children (Family Coverage)	Retiree:	\$1,212.04	\$1,049.72	\$299.00
	COBRA:	\$1,236.28	\$1,070.72	\$304.98

Monthly Dental Plan Premiums

	Basic Option	Premium Option
COBRA/Retiree Employee Only (Single Coverage)	\$26.44	\$30.95
COBRA/Retiree Employee + Spouse (Two-Party Coverage)	\$52.96	\$61.95
COBRA/Retiree Employee + Dependent Children (Four-Party Coverage)	\$76.38	\$89.31
COBRA/Retiree Employee + Spouse + Dependent Children (Family Coverage)	\$83.21	\$96.96

Monthly Vision Plan Premiums

	Basic Option	Premium Option
COBRA/Retiree Employee Only (Single Coverage)	\$5.37	\$8.34
COBRA/Retiree Employee + Spouse (Two-Party Coverage)	\$8.61	\$13.34
COBRA/Retiree Employee + Dependent Children (Four-Party Coverage)	\$8.79	\$13.59
COBRA/Retiree Employee + Spouse + Dependent Children (Family Coverage)	\$14.14	\$21.93