



**COBRA Monthly Premiums
Effective January 1, 2024**

Optima Health

PPO	Total Premium	2% Surcharge	Participant Monthly
Participant Only	\$ 1,054.00	\$ 21.08	\$ 1,075.08
Participant & Spouse	\$ 2,425.00	\$ 48.50	\$ 2,473.50
Participant & Child	\$ 1,465.00	\$ 29.30	\$ 1,494.30
Participant & Children	\$ 2,256.00	\$ 45.12	\$ 2,301.12
Family	\$ 3,563.00	\$ 71.26	\$ 3,634.26

POS	Total Premium	2% Surcharge	Participant Monthly
Participant Only	\$ 897.00	\$ 17.94	\$ 914.94
Participant & Spouse	\$ 2,063.00	\$ 41.26	\$ 2,104.26
Participant & Child	\$ 1,247.00	\$ 24.94	\$ 1,271.94
Participant & Children	\$ 1,919.00	\$ 38.38	\$ 1,957.38
Family	\$ 2,993.00	\$ 59.86	\$ 3,052.86

HMO	Total Premium	2% Surcharge	Participant Monthly
Participant Only	\$ 787.00	\$ 15.74	\$ 802.74
Participant & Spouse	\$ 1,810.00	\$ 36.20	\$ 1,846.20
Participant & Child	\$ 1,094.00	\$ 21.88	\$ 1,115.88
Participant & Children	\$ 1,684.00	\$ 33.68	\$ 1,717.68
Family	\$ 2,659.00	\$ 53.18	\$ 2,712.18

CDHP	Total Premium	2% Surcharge	Participant Monthly
Participant Only	\$ 735.00	\$ 14.70	\$ 749.70
Participant & Spouse	\$ 1,691.00	\$ 33.82	\$ 1,724.82
Participant & Child	\$ 1,024.00	\$ 20.48	\$ 1,044.48
Participant & Children	\$ 1,575.00	\$ 31.50	\$ 1,606.50
Family	\$ 2,483.00	\$ 49.66	\$ 2,532.66

Anthem Dental

Basic	Total Premium	2% Surcharge	Participant Monthly
Participant Only	\$ 28.88	\$ 0.58	\$ 29.46
Participant & Spouse	\$ 58.88	\$ 1.18	\$ 60.06
Participant & Children	\$ 75.04	\$ 1.50	\$ 76.54
Family	\$ 110.96	\$ 2.22	\$ 113.18

Enhanced	Total Premium	2% Surcharge	Participant Monthly
Participant Only	\$ 36.32	\$ 0.73	\$ 37.05
Participant & Spouse	\$ 74.04	\$ 1.48	\$ 75.52
Participant & Children	\$ 94.40	\$ 1.89	\$ 96.29
Family	\$ 139.64	\$ 2.79	\$ 142.43

Davis Vision

Basic	Total Premium	2% Surcharge	Participant Monthly
Participant Only	\$ 4.64	\$ 0.09	\$ 4.73
Participant & Spouse	\$ 8.16	\$ 0.16	\$ 8.32
Participant & Children	\$ 9.28	\$ 0.19	\$ 9.47
Family	\$ 13.44	\$ 0.27	\$ 13.71

Enhanced	Total Premium	2% Surcharge	Participant Monthly
Participant Only	\$ 5.40	\$ 0.11	\$ 5.51
Participant & Spouse	\$ 9.48	\$ 0.19	\$ 9.67
Participant & Children	\$ 10.76	\$ 0.22	\$ 10.98
Family	\$ 15.64	\$ 0.31	\$ 15.95

Revised 09/22/2023