



COBRA Monthly Premiums
Effective January 1, 2025
Sentara Health Plans

PPO	Total Premium	2% Surcharge	Participant Monthly
Participant Only	\$ 836.00	\$ 16.72	\$ 852.72
Participant & Spouse	\$ 1,839.00	\$ 36.78	\$ 1,875.78
Participant & Child	\$ 1,254.00	\$ 25.08	\$ 1,279.08
Participant & Children	\$ 1,588.00	\$ 31.76	\$ 1,619.76
Family	\$ 2,591.00	\$ 51.82	\$ 2,642.82

POS	Total Premium	2% Surcharge	Participant Monthly
Participant Only	\$ 849.00	\$ 16.98	\$ 865.98
Participant & Spouse	\$ 1,868.00	\$ 37.36	\$ 1,905.36
Participant & Child	\$ 1,274.00	\$ 25.48	\$ 1,299.48
Participant & Children	\$ 1,613.00	\$ 32.26	\$ 1,645.26
Family	\$ 2,632.00	\$ 52.64	\$ 2,684.64

HMO	Total Premium	2% Surcharge	Participant Monthly
Participant Only	\$ 842.00	\$ 16.84	\$ 858.84
Participant & Spouse	\$ 1,853.00	\$ 37.06	\$ 1,890.06
Participant & Child	\$ 1,264.00	\$ 25.28	\$ 1,289.28
Participant & Children	\$ 1,601.00	\$ 32.02	\$ 1,633.02
Family	\$ 2,611.00	\$ 52.22	\$ 2,663.22

CDHP	Total Premium	2% Surcharge	Participant Monthly
Participant Only	\$ 795.00	\$ 15.90	\$ 810.90
Participant & Spouse	\$ 1,748.00	\$ 34.96	\$ 1,782.96
Participant & Child	\$ 1,192.00	\$ 23.84	\$ 1,215.84
Participant & Children	\$ 1,510.00	\$ 30.20	\$ 1,540.20
Family	\$ 2,464.00	\$ 49.28	\$ 2,513.28

Anthem Dental

Basic	Total Premium	2% Surcharge	Participant Monthly
Participant Only	\$ 30.60	\$ 0.61	\$ 31.21
Participant & Spouse	\$ 62.40	\$ 1.25	\$ 63.65
Participant & Children	\$ 79.52	\$ 1.59	\$ 81.11
Family	\$ 117.60	\$ 2.35	\$ 119.95

Enhanced	Total Premium	2% Surcharge	Participant Monthly
Participant Only	\$ 38.48	\$ 0.77	\$ 39.25
Participant & Spouse	\$ 78.48	\$ 1.57	\$ 80.05
Participant & Children	\$ 100.04	\$ 2.00	\$ 102.04
Family	\$ 147.96	\$ 2.96	\$ 150.92

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 09/12/2024