



U.S. Monthly COBRA Rates

Effective January 1, 2025

Plan	Single	Beneficiary + Spouse	Beneficiary + Child(ren)	Beneficiary + Family
Medical - Traditional PPO	\$838.38	\$1,760.60	\$1,341.41	\$2,431.29
Medical - Protection HSA	\$722.59	\$1,517.45	\$1,156.16	\$2,095.53
Medical - Surest PPO	\$761.91	\$1,600.01	\$1,219.06	\$2,209.54
Dental - Guardian without Ortho	\$32.72	\$66.68	\$73.52	\$113.60
Dental - Guardian with Ortho	\$31.85	\$64.73	\$76.92	\$116.72
Vision - VSP	\$10.30	\$20.60	\$22.03	\$35.21

PR Monthly Rates

Effective January 1, 2023

Plan	Single	Beneficiary + Spouse	Beneficiary + Child(ren)	Beneficiary + Family
Medical/Dental	\$383.01	\$762.91	\$900.76	\$900.86
VSP	\$10.30	\$20.60	\$22.03	\$35.21