



U.S. Monthly COBRA Rates

Effective January 1, 2024

Plan	Single	Beneficiary + Spouse	Beneficiary + Child(ren)	Beneficiary + Family
Medical - Traditional PPO	\$789.17	\$1,657.28	\$1,262.69	\$2,288.61
Medical - Protection HSA	\$680.19	\$1,428.40	\$1,088.31	\$1,972.55
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	\$373.01	\$742.87	\$880.62	\$880.72
VSP	\$10.30	\$20.60	\$22.03	\$35.21