



2024 COBRA MONTHLY PREMIUMS

MEDICAL

| Aetna Open Access Select/Best Choice Plan | Monthly Premium Effective 1/1/2024 |
|--|---|
| Employee | \$659.84 |
| Employee & Spouse | \$1385.66 |
| Employee & Children | \$989.75 |
| Family | \$2045.49 |
| Aetna Open Access Select EPO Plan | Monthly Premium Effective 1/1/2024 |
| Employee | \$649.55 |
| Employee & Spouse | \$1364.07 |
| Employee & Children | \$974.34 |
| Family | \$2013.63 |
| Aetna Choice® POS II - HDHP (High Deductible Health Plan) | Monthly Premium Effective 1/1/2024 |
| Employee | \$652.43 |
| Employee & Spouse | \$1370.10 |
| Employee & Children | \$978.65 |
| Family | \$2022.53 |

DENTAL

| RELIANCE STANDARD DENTAL (PPO) | Monthly Premium Effective 1/1/2024 |
|---------------------------------------|---|
| Employee | \$27.94 |
| Employee & Spouse | \$58.09 |
| Employee & Children | \$54.37 |
| Family | \$92.26 |
| AETNA DENTAL (HMO) | Monthly Premium Effective 1/1/2024 |
| Employee | \$16.99 |
| Employee & Spouse | \$32.27 |
| Employee & Children | \$30.54 |
| Family | \$37.60 |

VISION

| AETNA VISION | Monthly Premium Effective 1/1/2024 |
|---------------------|---|
| Employee | \$4.26 |
| Employee & Spouse | \$8.38 |
| Employee & Children | \$7.65 |
| Family | \$11.77 |