

# 2025 COBRA PREMIUM RATES



## Medical Plans

<b>Traditional Plan - PEHP or SelectHealth</b>	<b>Monthly Premium*</b>
Individual Coverage	\$881.01
Two-Party Coverage	\$1,935.17
Family Coverage (3 or More Members)	\$2607.09

<b>High Deductible Plan - PEHP or SelectHealth</b>	<b>Monthly Premium*</b>
Individual Coverage	\$572.54
Family Coverage (2 or More Members)	\$1,644.52

## Dental Plan

<b>Cigna Dental</b>	<b>Monthly Premium*</b>
Individual Coverage	\$58.14
Two-Party Coverage	\$74.46
Family Coverage (3 or More)	\$112.20

## Vision Plan

<b>VSP Vision</b>	<b>Monthly Premium*</b>
Individual Coverage	\$7.29
Two-Party Coverage	\$14.59
Family Coverage or Employee + Children	\$23.47

**\*All listed monthly rates include a 2% Administration Fee as allowed by COBRA**