

2025 MONTHLY COBRA RATES

NOTE: RATES MAY VARY SLIGHTLY ON COUPONS DUE TO ROUNDING IN THE BILLING SOFTWARE.

MEDICAL AND PHARMACY

Medical & Pharmacy Plans	Tier of Coverage	Monthly Premium
UHC HDHP OON Choice Plus Network	Single	\$ 742.99
	Single + Spouse	\$ 1,598.04
	Single + Children	\$ 1,366.50
	Single + Overage Children	\$ 2,335.98
	Family	\$ 1,410.70
	Family + Overage Children	\$ 2,380.18
UHC CDH Plan Choice Network	Single	\$ 1,207.19
	Single + Spouse	\$ 2,596.45
	Single + Children	\$ 2,220.11
	Single + Overage Children	\$ 3,795.13
	Family	\$ 2,264.31
	Family + Overage Children	\$ 3,839.33

TIER OF COVERAGE	DENTAL	
	HUMANA DHMO	UHC DPPO
Single	\$11.98	\$36.38
Single + Spouse/DP	\$21.53	\$72.20
Single + Child(ren)	\$23.96	\$84.69
Family	\$28.73	\$120.51

VISION
HUMANA VISION
\$9.08
\$18.21
\$17.26
\$27.14