

2024

COBRA DENTAL and VISION PLAN RATES

MONTHLY RATES 01/01/2024 – 12/31/2024

Delta Dental PPO – Plan D (CSEA/AFSCME/ADMIN)		
	1-Party	\$ 60.08
	2-Party	\$ 122.09
	3-Party	\$ 182.17

Delta Dental PPO – Plan A (CTA ONLY)		
	1-Party	\$ 52.33
	2-Party	\$ 105.62
	3-Party	\$ 158.92

DeltaCare HMO (CTA/CSEA/AFSCME/ADMIN)		
	1-Party	\$ 20.90
	2-Party	\$ 42.29
	3-Party	\$ 62.51

Vision Service Plan (VSP)		
	1-Party	\$ 8.72
	2-Party	\$ 17.44
	3-Party	\$ 25.19

**Note: These rates include a 2% administration fee from BRi COBRA LLC*