

2024-25 COBRA Monthly Insurance Rates

10/01/2024 through 09/30/2025

PLAN OPTIONS	Employee Only	Employee & Spouse or Domestic Partner	Employee & Child(ren)	Employee & Spouse or Domestic Partner & Child(ren)
MEDICAL				
Moda Medical Plan 1	\$809.19	\$1,780.22	\$1,537.50	\$2,508.57
Moda Medical Plan 2	\$750.65	\$1,651.44	\$1,426.27	\$2,327.07
Moda Medical Plan 3	\$704.23	\$1,549.33	\$1,338.10	\$2,183.21
Moda Medical Plan 4	\$664.97	\$1,462.95	\$1,263.47	\$2,061.47
Moda Medical Plan 5	\$614.27	\$1,351.40	\$1,167.14	\$1,904.29
Moda Medical Plan 6	\$626.57	\$1,378.47	\$1,190.53	\$1,942.43
Moda Medical Plan 7	\$584.78	\$1,286.52	\$1,111.12	\$1,812.87
Kaiser Medical Plan 1	\$736.09	\$1,619.40	\$1,398.58	\$2,281.89
Kaiser Medical Plan 2A	\$607.27	\$1,336.86	\$1,153.77	\$1,883.47
Kaiser Medical Plan 2B	\$587.99	\$1,294.43	\$1,117.14	\$1,823.67
Kaiser Medical Plan 3 (HSA eligible)	\$448.54	\$987.38	\$851.88	\$1,390.75
DENTAL				
Moda Delta Dental Plan 1	\$68.89	\$136.47	\$151.75	\$224.73
Moda Delta Dental Plan 5	\$60.85	\$120.53	\$134.03	\$198.49
Moda Delta Dental Plan 6 (no ortho)	\$46.45	\$91.96	\$93.34	\$142.60
Moda Exclusive PPO INCENTIVE Delta dental	\$59.72	\$118.29	\$131.54	\$194.80
Moda Exclusive PPO Delta dental	\$40.24	\$79.71	\$88.64	\$131.29
Kaiser Dental	\$74.94	\$164.91	\$142.42	\$232.36
Willamette Dental	\$47.92	\$95.86	\$102.11	\$153.18
VISION				
Moda Vision Opal	\$22.26	\$48.94	\$42.22	\$68.95
Moda Vision Pearl	\$18.16	\$40.02	\$34.54	\$56.36
Moda Vision Quartz	\$12.83	\$28.26	\$24.38	\$39.76
VSP Choice Plus Plan	\$14.43	\$31.76	\$27.43	\$44.74
VSP Choice Plan	\$7.02	\$15.44	\$13.34	\$21.75
Kaiser Vision (Only avail. with Kaiser Med)	\$8.65	\$19.04	\$16.44	\$26.83

NOTE:

COBRA benefits are administered by Benefit Help Solutions (BHS). Phone: 1-800-556-3137