

Glendale Elementary School District No.40 2024 - 2025 COBRA Rates Medical, Dental & Vision Insurance Premiums (Rates effective 7/01/2024 - 6/30/2025)			
MEDICAL & VISION INSURANCE	Monthly Premium	2% Admin. Fee	Total Due Per Month
Traditional Medical Plan - United Healthcare			
Employee Only	\$712.47	\$14.25	\$726.72
Employee & Spouse	\$1,471.71	\$29.43	\$1,501.14
Employee & Child(ren)	\$1,376.91	\$27.54	\$1,404.45
Employee & Family	\$1,803.53	\$36.07	\$1,839.60
High Deductible Health Plan - United Healthcare			
Employee Only	\$652.47	\$13.05	\$665.52
Employee & Spouse	\$1,284.53	\$25.69	\$1,310.22
Employee & Child(ren)	\$1206.26	\$24.13	\$1230.39
Employee & Family	\$1,556.09	\$31.12	\$1,587.21
Vision Insurance - United Healthcare			
Employee Only	\$5.80	\$0.12	\$5.92
Employee & Spouse	\$10.36	\$0.21	\$10.57
Employee & Child(ren)	\$10.85	\$0.22	\$11.07
Employee & Family	\$13.61	\$0.27	\$13.88
DENTAL INSURANCE	Monthly Premium	2% Admin. Fee	Total Due Per Month
Level I Plan - Delta Dental			
Employee Only	\$26.11	\$0.52	\$26.63
Employee & Spouse	\$52.22	\$1.04	\$53.26
Employee & Child(ren)	\$54.83	\$1.10	\$55.93
Employee & Family	\$78.32	\$1.57	\$79.89
Level III Plan - Delta Dental			
Employee Only	\$45.01	\$0.90	\$45.91
Employee & Spouse	\$90.03	\$1.80	\$91.83
Employee & Child(ren)	\$94.53	\$1.89	\$96.42
Employee & Family	\$135.04	\$2.70	\$137.74
DHMO Plan - Cigna Dental			
Employee Only	\$10.30	\$0.21	\$10.51
Employee & Spouse	\$20.37	\$0.41	\$20.78
Employee & Child(ren)	\$22.84	\$0.46	\$23.30
Employee & Family	\$25.06	\$0.50	\$25.56