



## MONTHLY RATES FOR THE 2024-25 PLAN YEAR

### COBRA Rates

Medical Plans	CU Health Plan - Exclusive		CU Health Plan - High Deductible		CU Health Plan - Kaiser	
	COBRA Rate	COBRA Disability	COBRA Rate	COBRA Disability	COBRA Rate	COBRA Disability
Employee Only	\$807.23	\$1,187.10	\$725.12	\$1,066.35	\$964.31	\$1,418.10
Employee + Spouse	\$1,679.84	\$2,470.35	\$1,468.19	\$2,159.10	\$2,010.32	\$2,956.35
Employee + Child(ren)	\$1,546.73	\$2,274.60	\$1,419.74	\$2,087.85	\$1,825.19	\$2,684.10
Family	\$2,474.93	\$3,639.60	\$2,219.93	\$3,264.60	\$2,944.13	\$4,329.60

Dental Plans	CU Health Plan - Essential Dental		CU Health Plan - Choice Dental	
	COBRA Rate	COBRA Disability	COBRA Rate	COBRA Disability
Employee Only	\$30.60	\$45.00	\$54.06	\$79.50
Employee + Spouse	\$61.20	\$90.00	\$108.12	\$159.00
Employee + Child(ren)	\$65.79	\$96.75	\$116.79	\$171.75
Family	\$95.88	\$141.00	\$170.34	\$250.50



## MONTHLY RATES FOR THE 2024-25 PLAN YEAR

### COBRA Rates

Vision Plans	CU Health Plan - Vision	
	COBRA Rate	COBRA Disability
Employee Only	\$7.14	\$10.50
Employee + Spouse	\$12.50	\$18.38
Employee + Child(ren)	\$13.52	\$19.88
Family	\$20.66	\$30.38