

2024 COBRA PREMIUM RATES

Plan Choices	2023 Monthly Rates			2024 Monthly Rates		
	\$25 Co-Pay	\$40 Co-Pay	ABHP	\$25 Co-Pay	\$40 Co-Pay	ABHP
<u>Kaiser HMO</u>						
Single Employee	\$ 774.08	\$ 763.26	\$ 631.80	\$ 888.16	\$ 875.74	\$ 724.84
Employee + 1 dependent	\$ 1,546.16	\$ 1,524.52	\$ 1,261.58	\$ 1,774.32	\$ 1,749.48	\$ 1,447.68
Employee + 2 or more dep.	\$ 2,055.74	\$ 2,026.96	\$ 1,677.26	\$ 2,359.18	\$ 2,326.16	\$ 1,924.76
Domestic Partner	\$ 772.08	\$ 761.26	\$ 629.78	\$ 886.16	\$ 873.74	\$ 722.84
<u>Western Health Advantage</u>						
Single Employee	\$ 811.33	\$ 795.27	\$ 549.27	\$ 882.59	\$ 865.29	\$ 591.58
Employee + 1 dependent	\$ 1,622.60	\$ 1,590.49	\$ 1,098.50	\$ 1,765.09	\$ 1,730.53	\$ 1,183.14
Employee + 2 or more dep.	\$ 2,158.10	\$ 2,115.40	\$ 1,461.03	\$ 2,347.63	\$ 2,301.65	\$ 1,573.59
Domestic Partner	\$ 811.27	\$ 795.21	\$ 549.23	\$ 882.50	\$ 865.25	\$ 591.56
<u>Sutter Health Plus</u>						
Single Employee	\$ 830.08	\$ 799.48	\$ 680.54	\$ 873.12	\$ 840.89	\$ 715.84
Employee + 1 dependent	\$ 1,660.56	\$ 1,599.36	\$ 1,361.09	\$ 1,746.34	\$ 1,681.88	\$ 1,431.67
Employee + 2 or more dep.	\$ 2,211.26	\$ 2,129.96	\$ 1,810.30	\$ 2,322.54	\$ 2,236.86	\$ 1,904.14
Domestic Partner	\$ 830.48	\$ 799.88	\$ 680.54	\$ 873.22	\$ 840.99	\$ 715.84
<u>Delta Dental DPO</u>						
Single Employee	\$ 63.30			\$ 62.04		
Employee + 1 dependent	\$ 120.22			\$ 117.81		
Employee + 2 or more dep.	\$ 160.06			\$ 156.86		
Domestic Partner	\$ 56.92			\$ 55.77		
<u>DeltaCare Dental PMI</u>						
Single Employee	\$ 28.42			\$ 28.42		
Employee + 1 dependent	\$ 53.98			\$ 53.98		
Employee + 2 or more dep.	\$ 71.85			\$ 71.85		
Domestic Partner	\$ 25.56			\$ 25.56		
Plan Choices	Basic	Enhanced		Basic	Enhanced	
<u>VSP-Vision Services Plan</u>						
Single Employee	\$ 8.61	\$ 13.28		\$ 8.61	\$ 13.28	
Employee + 1 dependent	\$ 12.38	\$ 19.05		\$ 12.38	\$ 19.05	
Employee + 2 or more dep.	\$ 22.15	\$ 34.11		\$ 22.15	\$ 34.11	
Domestic Partner	\$ 3.77	\$ 5.51		\$ 3.77	\$ 5.51	