



MONTHLY RATES FOR THE 2024-25 PLAN YEAR

COBRA Rates

Medical Plans	CU Health Plan — Exclusive		CU Health Plan — Extended		CU Health Plan — High Deductible		CU Health Plan — Kaiser	
	COBRA Rate	COBRA Disability	COBRA Rate	COBRA Disability	COBRA Rate	COBRA Disability	COBRA Rate	COBRA Disability
Employee only	\$819.57	\$1,205.25	\$935.85	\$1,376.25	\$737.46	\$1,084.50	\$976.65	\$1,436.25
Employee + Spouse	\$1,692.18	\$2,488.50	\$1,962.48	\$2,886.00	\$1,480.53	\$2,177.25	\$2,022.66	\$2,974.50
Employee + Child(ren)	\$1,559.07	\$2,292.75	\$1,777.86	\$2,614.50	\$1,432.08	\$2,106.00	\$1,837.53	\$2,702.25
Family	\$2,487.27	\$3,657.75	\$2,855.49	\$4,199.25	\$2,232.27	\$3,282.75	\$2,956.47	\$4,347.75

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

Vision Plan	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

