

2024 Health, Dental & Vision Monthly COBRA Premiums

	You Only (Spouse or Child Only)	You & Spouse	You, Spouse & 1 Child	You, Spouse & 2 Children	You, Spouse & 3 or More Children	You & 1 Child (Spouse & 1 Child Only)	You & 2 Children (Spouse & 2 Children Only)	You & 3 or More Children (Spouse & 3 or More Children Only)
National Health Options								
Anthem Blue Cross HDHP	\$717	\$1,731	\$2,115	\$2,500	\$3,053	\$1,101	\$1,485	\$2,038
Anthem Blue Cross PCP	\$1,210	\$2,924	\$3,573	\$4,222	\$5,156	\$1,859	\$2,508	\$3,443
Regional Health Options								
Aetna HMO (AZ)	\$1,138	\$2,638	\$3,230	\$3,230	\$3,230	\$2,036	\$2,036	\$2,036
Kaiser Permanente HMO* (CA)	\$702	\$1,670	\$2,035	\$2,393	\$2,919	\$1,067	\$1,425	\$1,951
Presbyterian HMO (NM)	\$939	\$1,650	\$1,882	\$2,114	\$2,230	\$1,171	\$1,403	\$1,520
HMSA (Hawaii)	\$820	\$1,629	\$2,437	\$2,437	\$2,437	\$1,629	\$2,437	\$2,437
Connected Care Options (For Arizona, Northern California, New Mexico and Oregon)								
Connected Care ACN HDHP (AZ)	\$606	\$1,464	\$1,789	\$2,114	\$2,582	\$931	\$1,256	\$1,724
Connected Care ACN Primary Care Plus (AZ)	\$1,093	\$2,640	\$3,226	\$3,812	\$4,655	\$1,678	\$2,264	\$3,108
Connected Care CA HDHP (Northern CA)	\$737	\$1,780	\$2,175	\$2,570	\$3,139	\$1,132	\$1,527	\$2,096
Connected Care Presbyterian HDHP (NM)	\$562	\$1,357	\$1,658	\$1,959	\$2,392	\$863	\$1,164	\$1,597
Connected Care Presbyterian Copay (NM)	\$983	\$2,376	\$2,903	\$3,430	\$4,190	\$1,511	\$2,038	\$2,797
Connected Care Kaiser HDHP (OR)	\$577	\$1,373	\$1,673	\$1,967	\$2,400	\$877	\$1,171	\$1,604
Connected Care Kaiser Copay (OR)	\$674	\$1,604	\$1,954	\$2,298	\$2,803	\$1,025	\$1,368	\$1,874
Connected Care Providence HDHP (OR)	\$578	\$1,397	\$1,707	\$2,017	\$2,464	\$888	\$1,198	\$1,645
Connected Care Providence Primary Care Plus (OR)	\$1,029	\$2,486	\$3,037	\$3,589	\$4,384	\$1,581	\$2,132	\$2,927
Dental Options								
Delta Dental PPO	\$51	\$103	\$135	\$167	\$213	\$83	\$115	\$161
DeltaCare USA DHMO	\$21	\$35	\$53	\$53	\$53	\$38	\$38	\$38
Kaiser Permanente DHMO	\$80	\$189	\$230	\$270	\$330	\$121	\$161	\$220
Vision Options								
VSP Basic Vision	\$8	\$15	\$17	\$19	\$21	\$10	\$12	\$14
VSP Vision Plus	\$18	\$35	\$39	\$44	\$49	\$22	\$26	\$32

*These options are all self funded with the exception of HMSA, DeltaCare USA DHMO and Kaiser Permanente DHMO.