



# COBRA

## 2025 Monthly Costs

Vendor	Plan	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Family
Anthem	High Deductible Health Plan	\$829.77	\$1,738.04	\$1,502.53	\$2,392.24
	PPO	\$912.14	\$1,906.39	\$1660.11	\$2,590.50
Anthem Dental	Dental Basic	\$29.40	\$61.69	\$52.88	\$85.19
Anthem Dental	Dental Enhanced	\$59.80	\$125.56	\$107.60	\$173.38
VSP	Vision Basic	\$7.85	\$16.11	\$13.87	\$22.12
VSP	Vision Enhanced	\$20.75	\$42.18	\$36.36	\$57.73
Anthem Behavioral Health	Employee Assistance Program	\$2.09	\$2.09	\$2.09	\$2.09