



COBRA

2024 Monthly Costs

Vendor	Plan	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Family
Anthem	High Deductible Health Plan 1	\$790.23	\$1,658.43	\$1,424.53	\$2,282.26
	High Deductible Health Plan 2	\$655.57	\$1,376.15	\$1181.13	\$1,896.34
Anthem Dental	Dental Basic	\$28.26	\$59.32	\$50.85	\$81.92
Anthem Dental	Dental Enhanced	\$59.33	\$124.60	\$106.78	\$172.05
VSP	Vision Basic	\$9.13	\$18.72	\$16.12	\$25.70
VSP	Vision Enhanced	\$24.11	\$49.01	\$42.25	\$67.09
Anthem Behavioral Health	Employee Assistance Program	\$2.00	\$2.00	\$2.00	\$2.00