



## 2023 COBRA MONTHLY RATES

### MEDICAL INSURANCE PREMIUMS PER MONTH

	Single	2 Party	3 Party	4 Party
<b>Value High Deductible Health Plan</b> (all locations)	\$545.94	\$1,098.83	\$1,372.25	\$1,809.71
<b>Consumer Directed High Deductible Plan</b> (all locations)	\$579.92	\$1,166.80	\$1,459.21	\$1,927.08
<b>Value PPO</b> (all locations)	\$601.29	\$1,202.59	\$1,503.24	\$1,984.27
<b>Idaho PPO</b> (Idaho only)	\$623.09	\$1,246.16	\$1,557.71	\$2,056.18
<b>PPO</b> (All locations outside Idaho)	\$643.88	\$1,287.74	\$1,609.68	\$2,124.78
<b>Kaiser HMO</b> (Northern CA, VA, MD, DC, CO, GA only)	\$588.98	\$1,177.97	\$1,472.46	\$1,943.64

### DENTAL INSURANCE PREMIUMS PER MONTH

<b>Willamette Dental Blue</b> (Idaho only)	\$40.96	\$83.52	\$104.39	\$137.85
<b>Blue Cross Dental</b>	\$48.25	\$96.49	\$120.63	\$159.21
<b>Blue Cross Dental Plus</b>	\$57.42	\$114.83	\$143.57	\$189.49
<b>Delta Dental</b>	\$57.85	\$115.72	\$144.65	\$190.92

### VISION INSURANCE PREMIUMS PER MONTH

<b>VSP Vision</b>	\$11.05	\$22.10	\$27.62	\$36.47
<b>VSP Vision Choice</b>	\$19.91	\$39.80	\$49.75	\$65.68

### CLINIC PLAN PREMIUMS PER MONTH

<b>Clinic Plan</b>	\$41.00	\$41.00	\$41.00	\$41.00
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### EMPLOYEE ASSISTANCE PLAN PREMIUMS PER MONTH

<b>EAP</b>	\$1	\$1	\$1	\$1
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