



2025 FLEXPLAN RATE SHEET COBRA PARTICIPANTS

	STANDARD	HIGH
DELTACARE USA DHMO PLANS		
Participant Only	\$ 9.05	\$ 14.65
Participant & Family	\$ 23.03	\$ 37.38
DELTA DENTAL INDEMNITY PPO PLANS		
Participant Only	\$ 21.84	\$ 35.20
Participant & Family	\$ 66.88	\$ 105.26
UNITEDHEALTHCARE SOLSTICE DHMO PLANS		
Participant Only	\$ 7.74	\$ 10.37
Participant & Family	\$ 19.84	\$ 26.65
UNITEDHEALTHCARE INDEMNITY PPO PLANS		
Participant Only	\$ 19.43	\$ 37.22
Participant & Family	\$ 59.53	\$ 113.64
EYEMED VISION CARE		
Participant Only	\$ 6.17	
Participant & Family	\$ 15.41	