



2024 COBRA Participants Flexible Benefits Rate Sheet

Provider	Benefit	Tier	Monthly Rate
Delta Dental	Standard DHMO	Participant only	\$ 8.22
		Participant & Family	\$ 20.94
	High DHMO	Participant only	\$ 13.31
		Participant & Family	\$ 33.99
	Standard PPO	Participant only	\$ 19.85
		Participant & Family	\$ 60.80
High PPO	Participant only	\$ 32.00	
	Participant & Family	\$ 95.70	
UnitedHealthcare Dental	Standard DHMO	Participant only	\$ 7.52
		Participant & Family	\$ 19.26
	High DHMO	Participant only	\$ 10.07
		Participant & Family	\$ 25.88
	Standard PPO	Participant only	\$ 18.86
		Participant & Family	\$ 57.77
High PPO	Participant only	\$ 36.14	
	Participant & Family	\$ 110.33	
EyeMed Vision	Vision	Participant only	\$ 5.71
		Participant & Family	\$ 14.27