



**2023 – 2024 COBRA MONTHLY RATES**  
**(July 1, 2023 – June 30, 2024)**

**MEDICAL**

	<b><u>PREMERA BLUE CROSS PLAN A</u></b>	<b><u>PREMERA BLUE CROSS PLAN B</u></b>	<b><u>KAISER PERMANENTE HMO PLAN</u></b>
Employee Only	\$1,022.04	\$954.72	\$671.16
Employee & Spouse/Domestic Partner	\$2,091.00	\$1,950.24	\$1,395.36
Employee & Child(ren)	\$1,731.96	\$1,615.68	\$1,128.12
Employee, Spouse/Domestic Partner & Child(ren)	\$2,743.80	\$2,560.20	\$1,811.52
Spouse/Domestic Partner Only	\$1,022.04	\$954.72	\$671.16
Spouse/Domestic Partner & Child(ren)	\$1,731.96	\$1,615.68	\$1,128.12
Child(ren) Only	\$1,022.04	\$954.72	\$671.16

**DENTAL**

	<b><u>DELTA DENTAL OF WASHINGTON PLAN A</u></b>	<b><u>DELTA DENTAL OF WASHINGTON PLAN B</u></b>
Employee Only	\$57.12	\$36.72
Employee & Spouse/Domestic Partner	\$142.80	\$81.60
Employee & Child(ren)	\$104.04	\$61.20
Employee, Spouse/Domestic Partner & Child(ren)	\$189.72	\$108.12
Spouse/Domestic Partner Only	\$57.12	\$36.72
Spouse/Domestic Partner & Child(ren)	\$104.04	\$61.20
Child(ren) Only	\$57.12	\$36.72