



**2024 – 2025 COBRA MONTHLY RATES  
(July 1, 2024 – June 30, 2025)**

**MEDICAL**

|  | <u>PREMERA BLUE CROSS<br/>PLAN A</u> | <u>PREMERA BLUE CROSS<br/>PLAN B</u> | <u>KAISER PERMANENTE<br/>HMO PLAN</u> |
|--|--------------------------------------|--------------------------------------|---------------------------------------|
| Employee Only                                  | \$1,013.88                           | \$946.56                             | \$769.08                              |
| Employee & Spouse/Domestic Partner             | \$2,070.60                           | \$1,935.96                           | \$1,599.36                            |
| Employee & Child(ren)                          | \$1,715.64                           | \$1,603.44                           | \$1,293.36                            |
| Employee, Spouse/Domestic Partner & Child(ren) | \$2,719.32                           | \$2,539.80                           | \$2,076.72                            |
| Spouse/Domestic Partner Only                   | \$1,013.88                           | \$946.56                             | \$769.08                              |
| Spouse/Domestic Partner & Child(ren)           | \$1,715.64                           | \$1,603.44                           | \$1,293.36                            |
| Child(ren) Only                                | \$1,013.88                           | \$946.56                             | \$769.08                              |

**DENTAL**

|  | <u>DELTA DENTAL OF WASHINGTON<br/>PLAN A</u> | <u>DELTA DENTAL OF<br/>WASHINGTON PLAN B</u> |
|--|--|--|
| Employee Only                                  | \$61.20                                      | \$40.80                                      |
| Employee & Spouse/Domestic Partner             | \$155.04                                     | \$87.72                                      |
| Employee & Child(ren)                          | \$112.20                                     | \$65.28                                      |
| Employee, Spouse/Domestic Partner & Child(ren) | \$206.04                                     | \$118.32                                     |
| Spouse/Domestic Partner Only                   | \$61.20                                      | \$40.80                                      |
| Spouse/Domestic Partner & Child(ren)           | \$112.20                                     | \$65.28                                      |
| Child(ren) Only                                | \$61.20                                      | \$40.80                                      |