

2024 COBRA Rates

To enroll in 2024 COBRA benefits, follow the instructions mailed to your home from My Benefits Service Center, the Company's administrator for COBRA. The following table lists the monthly COBRA costs for your 2024 benefits. Rates vary by plan.

Medical COBRA Rates

Surest Copay Plan	
Coverage Level	Monthly Cost
Employee	\$700.07
Employee + Spouse/Domestic Partner	\$1,680.16
Employee + Child(ren)	\$1,400.13
Employee + Family	\$2,450.23

Aetna: \$1,600 Deductible Plan		
Coverage Level	Broad Network Monthly Cost	Narrow Network Monthly Cost
Employee	\$710.42	\$681.82
Employee + Spouse/Domestic Partner	\$1,705.01	\$1,636.32
Employee + Child(ren)	\$1,420.82	\$1,363.60
Employee + Family	\$2,486.45	\$2,386.29

Anthem BlueCross BlueShield: \$1,600 Deductible Plan	
Coverage Level	Broad Network Monthly Cost
Employee	\$710.42
Employee + Spouse/Domestic Partner	\$1,705.01
Employee + Child(ren)	\$1,420.82
Employee + Family	\$2,486.45

Aetna: \$3,200 Deductible Plan		
Coverage Level	Broad Network Monthly Cost	Narrow Network Monthly Cost
Employee	\$645.02	\$619.01
Employee + Spouse/Domestic Partner	\$1,548.03	\$1,485.63
Employee + Child(ren)	\$1,290.00	\$1,238.00
Employee + Family	\$2,257.53	\$2,166.52

Anthem BlueCross BlueShield: \$3,200 Deductible Plan	
Coverage Level	Broad Network Monthly Cost
Employee	\$645.02
Employee + Spouse/Domestic Partner	\$1,548.03
Employee + Child(ren)	\$1,290.00
Employee + Family	\$2,257.53

Kaiser: \$1,600 Deductible Plan	
Coverage Level	Monthly Cost
Employee Only	\$602.86
Employee + Spouse/Domestic Partner	\$1,446.87
Employee + Child(ren)	\$1,205.72
Employee + Family	\$2,110.01

Kaiser: \$3,200 Deductible Plan	
Coverage Level	Monthly Cost
Employee Only	\$543.12
Employee + Spouse/Domestic Partner	\$1,303.49
Employee + Child(ren)	\$1,086.24
Employee + Family	\$1,900.92

HMSA Preferred Provider Plan – Hawaii PPP	
Coverage	Monthly Cost
Employee Only	\$748.64
Employee + Spouse/Domestic Partner	\$1,796.75
Employee + Child(ren)	\$1,497.28
Employee + Family	\$2,620.26

HMSA Health Plan Hawaii Plus – Hawaii HMO	
Coverage Level	Monthly Cost
Employee Only	\$739.81
Employee + Spouse/Domestic Partner	\$1,775.53
Employee + Child(ren)	\$1,479.61
Employee + Family	\$2,589.33

Dental COBRA Rates

MetLife Premier Plan	
Coverage Level	Monthly Cost
Employee Only	\$53.47
Employee + Spouse/Domestic Partner	\$128.33
Employee + Child(ren)	\$106.94
Employee + Family	\$187.14

MetLife Standard Plan	
Coverage Level	Monthly Cost
Employee Only	\$42.64
Employee + Spouse/Domestic Partner	\$102.33
Employee + Child(ren)	\$85.27
Employee + Family	\$149.24

Vision COBRA Rates

VSP High Option	
Coverage Level	Monthly Cost
Employee Only	\$11.16
Employee + Spouse/Domestic Partner	\$26.75
Employee + Child(ren)	\$22.29
Employee + Family	\$39.03

VSP Low Option	
Coverage Level	Monthly Cost
Employee Only	\$6.90
Employee + Spouse/Domestic Partner	\$16.58
Employee + Child(ren)	\$13.81
Employee + Family	\$24.17

Employee Assistance Program COBRA Rates

CIGNA Behavioral Health: Employee Assistance Program	
Coverage Level	Monthly Cost
Employee Only	\$1.89
Employee + Spouse/Domestic Partner	\$1.89
Employee + Child(ren)	\$1.89
Employee + Family	\$1.89

Health Advocate COBRA Rates

Health Advocate	
Coverage Level	Monthly Cost
Employee Only	\$0.00
Employee + Spouse/Domestic Partner	\$0.00
Employee + Child(ren)	\$0.00
Employee + Family	\$0.00

Teladoc Medical Experts COBRA Rates

Teladoc Medical Experts	
Coverage Level	Monthly Cost
Employee Only	\$0.00
Employee + Spouse/Domestic Partner	\$0.00
Employee + Child(ren)	\$0.00
Employee + Family	\$0.00