



2025 COBRA MONTHLY RATES

MEDICAL INSURANCE PREMIUMS PER MONTH

	Single	2 Party	3 Party	4 Party
Value High Deductible Health Plan (all locations)	\$677.61	\$1363.69	\$1697.50	\$2231.41
Consumer Directed High Deductible Plan (all locations)	\$723.99	\$1456.48	\$1813.46	\$2384.68
Value PPO (all locations)	\$734.09	\$1468.19	\$1835.26	\$2422.54
Idaho PPO (Idaho only)	\$760.71	\$1521.41	\$1901.77	\$2510.34
PPO (All locations outside Idaho)	\$786.09	\$1572.18	\$1965.22	\$2594.07
Kaiser HMO (Northern CA, VA, MD, DC, CO, GA only)	\$767.24	\$1534.49	\$1918.11	\$2531.91

DENTAL INSURANCE PREMIUMS PER MONTH

Willamette Dental Blue (Idaho only)	\$40.96	\$83.52	\$104.39	\$137.85
Blue Cross Dental	\$48.25	\$96.49	\$120.63	\$159.21
Blue Cross Dental Plus	\$57.42	\$114.83	\$143.57	\$189.49
Delta Dental	\$57.85	\$115.72	\$144.65	\$190.92

VISION INSURANCE PREMIUMS PER MONTH

VSP Vision	\$9.11	\$18.24	\$22.79	\$30.08
VSP Vision Choice	\$16.42	\$32.82	\$41.01	\$54.17

CLINIC PLAN PREMIUMS PER MONTH

Clinic Plan	\$85.06	\$85.06	\$85.06	\$85.06
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EMPLOYEE ASSISTANCE PLAN PREMIUMS PER MONTH

EAP	\$1	\$1	\$1	\$1
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