

COBRA-POA - 2025

NON-MEDICARE RATES	Providence Personal	Providence \$50 Open	Providence High Deductible Open	Kaiser	Kaiser High Deductible
COBRA Participant	804.23	850.03	800.21	875.06	665.79
Participant & Spouse	1,716.11	1,824.13	1,600.58	1,750.12	1,331.57
Participant & Child(ren)	1,536.59	1,632.37	1,440.42	1,575.10	1,198.42
Participant, Spouse and Child(ren)	2,633.09	2,802.31	2,400.73	2,625.07	1,997.49

DENTAL (TO AGE 65 ONLY)	MODA	KAISER
COBRA Participant	72.42	102.61
Participant & Spouse	144.84	203.16
Participant & Child(ren)	103.02	141.62
Participant, Spouse and Child(ren)	174.42	243.17

EAP	CANOPY
COBRA Participant / Family	3.37