COBRA-POA - 2024

NON-MEDICARE RATES	Providence Personal	Providence $50 Open	Providence High Deductible Open	Kaiser	Kaiser High Deductible
COBRA Participant	828.24	886.38	781.46	801.88	585.40
Participant & Spouse	1,655.46	1,769.70	1,563.07	1,603.79	1,170.80
Participant & Child(ren)	1,492.26	1,596.30	1,406.66	1,443.40	1,053.70
Participant, Spouse and Child(ren)	2,486.76	2,657.10	2,344.47	2,405.67	1,756.30

DENTAL (TO AGE 65 ONLY)	MODA	KAISER
COBRA Participant	75.48	104.06
Participant & Spouse	149.94	206.02
Participant & Child(ren)	107.10	143.62
Participant, Spouse and Child(ren)	180.54	246.60

EAP	CANOPY
COBRA Participant / Family	3.37