



## 2025 COBRA MONTHLY RATES

### MEDICAL INSURANCE PREMIUMS PER MONTH

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

### DENTAL INSURANCE PREMIUMS PER MONTH

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

### VISION INSURANCE PREMIUMS PER MONTH

|                          |         |         |         |         |
|--------------------------|---------|---------|---------|---------|
| <b>VSP Vision</b>        | \$9.11  | \$18.24 | \$22.79 | \$30.08 |
| <b>VSP Vision Choice</b> | \$16.42 | \$32.82 | \$41.01 | \$54.17 |

### CLINIC PLAN PREMIUMS PER MONTH

|                    |         |         |         |         |
|--------------------|---------|---------|---------|---------|
| <b>Clinic Plan</b> | \$85.06 | \$85.06 | \$85.06 | \$85.06 |
|--------------------|---------|---------|---------|---------|

### EMPLOYEE ASSISTANCE PLAN PREMIUMS PER MONTH

|            |     |     |     |     |
|------------|-----|-----|-----|-----|
| <b>EAP</b> | \$1 | \$1 | \$1 | \$1 |
|------------|-----|-----|-----|-----|