

2025 COBRA Cost of Coverage

AETNA HDHP MEDICAL		Your Cost per Month
Employee Only		\$688.48
Employee + Spouse/Domestic Partner		\$1,611.06
Employee + Children		\$1,404.50
Employee + Family		\$2,120.54

AETNA PPO MEDICAL		Your Cost per Month
Employee Only		\$932.21
Employee + Spouse/Domestic Partner		\$2,181.38
Employee + Children		\$1,901.73
Employee + Family		\$2,871.24

AETNA EPO MEDICAL		Your Cost per Month
Employee Only		\$910.74
Employee + Spouse/Domestic Partner		\$2,131.12
Employee + Children		\$1,857.90
Employee + Family		\$2,805.07

KAISER HMO MEDICAL (CA Only)		Your Cost per Month
Employee Only		\$753.54
Employee + Spouse/Domestic Partner		\$1,657.78
Employee + Children		\$1,507.06
Employee + Family		\$2,260.61

DELTA DENTAL PPO		Your Cost per Month
Employee Only		\$47.79
Employee + Spouse/Domestic Partner		\$97.81
Employee + Children		\$117.62
Employee + Family		\$180.81
VSP VISION		Your Cost per Month
Employee Only		\$8.07
Employee + Spouse/Domestic Partner		\$16.17
Employee + Children		\$13.69
Employee + Family		\$22.56
MODERN HEALTH		Your Cost per Month
Employee + Dependents		\$13.01