

COBRA Rates Effective January, 1, 2025

Accuray Incorporated

Garner with UHC HDHP

Employee (EE)	\$55.08
Employee + Spouse (EE+SPOUSE)	\$129.54
Employee + 1 Child (EE+CHILD)	\$129.54
EE+CHILDREN	\$129.54
EE+FAMILY	\$167.28
SPOUSEONLY	\$55.08
Spouse + 1 Child (SPOUSE+CHILD)	\$129.54
SPOUSE+CHILDREN	\$129.54
CHILDONLY	\$55.08

Garner with UHC PPO

Employee (EE)	\$55.08
Employee + Spouse (EE+SPOUSE)	\$131.58
Employee + 1 Child (EE+CHILD)	\$131.58
EE+CHILDREN	\$131.58
EE+FAMILY	\$169.32
SPOUSEONLY	\$55.08
Spouse + 1 Child (SPOUSE+CHILD)	\$131.58
SPOUSE+CHILDREN	\$131.58
CHILDONLY	\$55.08

Concern EAP

Employee (EE)	\$2.98
Employee + Spouse (EE+SPOUSE)	\$2.98
EE+DOMESTICPARTNER	\$2.98
Employee + 1 Child (EE+CHILD)	\$2.98
EE+CHILDREN	\$2.98
EE+FAMILY	\$2.98
Spouse + 1 Child (SPOUSE+CHILD)	\$2.98
SPOUSE+CHILDREN	\$2.98
SPOUSEONLY	\$2.98
CHILDONLY	\$2.98

Delta Dental of WI Gold

Employee (EE)	\$53.87
Employee + Spouse (EE+SPOUSE)	\$96.19
EE+DOMESTICPARTNER	\$96.19

Employee + 1 Child (EE+CHILD)	\$104.17
EE+CHILDREN	\$104.17
EE+FAMILY	\$158.20
Spouse + 1 Child (SPOUSE+CHILD)	\$104.17
SPOUSE+CHILDREN	\$104.17
SPOUSEONLY	\$53.87
CHILDONLY	\$53.87
CHILDRENONLY	\$53.87

Delta Dental of WI Silver

Employee (EE)	\$47.14
Employee + Spouse (EE+SPOUSE)	\$83.39
EE+DOMESTICPARTNER	\$83.39
Employee + 1 Child (EE+CHILD)	\$91.92
EE+CHILDREN	\$91.92
EE+FAMILY	\$137.61
Spouse + 1 Child (SPOUSE+CHILD)	\$91.92
SPOUSE+CHILDREN	\$91.92
SPOUSEONLY	\$47.14
CHILDONLY	\$47.14
CHILDRENONLY	\$47.14

Kaiser HMO

Employee (EE)	\$1,005.88
Employee + Spouse (EE+SPOUSE)	\$2,212.94
EE+DOMESTICPARTNER	\$2,212.94
EE+CHILDREN	\$2,011.77
Employee + 1 Child (EE+CHILD)	\$2,011.77
EE+FAMILY	\$3,017.65
Spouse + 1 Child (SPOUSE+CHILD)	\$2,011.77
SPOUSE+CHILDREN	\$2,011.77
SPOUSEONLY	\$1,005.88
CHILDONLY	\$1,005.88

Quartz Health HMO HDHP Medical

Employee (EE)	\$574.96
Employee + Spouse (EE+SPOUSE)	\$1,322.42
EE+CHILDREN	\$1,092.43
Employee + 1 Child (EE+CHILD)	\$1,092.43
EE+FAMILY	\$1,724.89
Spouse + 1 Child (SPOUSE+CHILD)	\$1,092.43
SPOUSE+CHILDREN	\$1,092.43
SPOUSEONLY	\$574.96

CHILDONLY	\$574.96
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Quartz Health HMO Medical

Employee (EE)	\$738.44
Employee + Spouse (EE+SPOUSE)	\$1,698.41
EE+DOMESTICPARTNER	\$1,698.41
Employee + 1 Child (EE+CHILD)	\$1,403.03
EE+CHILDREN	\$1,403.03
EE+FAMILY	\$2,215.32
Spouse + 1 Child (SPOUSE+CHILD)	\$1,403.03
SPOUSE+CHILDREN	\$1,403.03
SPOUSEONLY	\$738.44
CHILDONLY	\$738.44

Quartz Health POS HDHP Medical

Employee (EE)	\$602.70
Employee + Spouse (EE+SPOUSE)	\$1,386.21
EE+CHILDREN	\$1,145.12
Employee + 1 Child (EE+CHILD)	\$1,145.12
EE+FAMILY	\$1,808.09
Spouse + 1 Child (SPOUSE+CHILD)	\$1,145.12
SPOUSE+CHILDREN	\$1,145.12
SPOUSEONLY	\$602.70
CHILDONLY	\$602.70

UHC Select Plus/Choice Plus HDHP Medical Plan

Employee (EE)	\$1,132.20
Employee + Spouse (EE+SPOUSE)	\$2,279.70
EE+DOMESTICPARTNER	\$2,279.70
Employee + 1 Child (EE+CHILD)	\$2,057.34
EE+CHILDREN	\$2,057.34
EE+FAMILY	\$3,382.32
Spouse + 1 Child (SPOUSE+CHILD)	\$2,057.34
SPOUSE+CHILDREN	\$2,057.34
SPOUSEONLY	\$1,132.20
CHILDONLY	\$1,132.20

UHC Select Plus/Choice Plus PPO Medical Plan

Employee (EE)	\$1,208.70
Employee + Spouse (EE+SPOUSE)	\$2,431.68
EE+DOMESTICPARTNER	\$2,431.68
Employee + 1 Child (EE+CHILD)	\$2,193.00
EE+CHILDREN	\$2,193.00

EE+FAMILY	\$3,610.80
Spouse + 1 Child (SPOUSE+CHILD)	\$2,193.00
SPOUSE+CHILDREN	\$2,193.00
SPOUSEONLY	\$1,208.70
CHILDONLY	\$1,208.70

VSP Vision Plan

Employee (EE)	\$8.66
Employee + Spouse (EE+SPOUSE)	\$13.79
EE+DOMESTICPARTNER	\$13.79
Employee + 1 Child (EE+CHILD)	\$14.09
EE+CHILDREN	\$14.09
EE+FAMILY	\$21.69
Spouse + 1 Child (SPOUSE+CHILD)	\$14.09
SPOUSE+CHILDREN	\$14.09
SPOUSEONLY	\$8.66
CHILDONLY	\$8.66