

2025 Monthly COBRA Rates

Effective 1/1/2025

| 2025 MONTHLY COBRA RATES HMA SELF-FUNDED | | | | |
|--|-------------------------------|----------------------------------|----------|--|
| | | | | |
| | HMA Medical/Rx COBRA Rates | HMA Dental/Vision COBRA Rates | TOTAL | |
| Employee Only | 817.55 | 89.03 | 906.58 | |
| Employee and Spouse | 1,870.41 | 191.03 | 2,061.44 | |
| Employee and Child | 1,354.54 | 167.99 | 1,522.53 | |
| Employee and Children | 1,771.80 | 239.86 | 2,011.66 | |
| Employee, Spouse and Child | 2,407.42 | 270.03 | 2,677.45 | |
| Employee, Spouse and Children | 2,824.67 | 341.92 | 3,166.59 | |
| Spouse Only | 1,052.86 | 102.00 | 1,154.86 | |
| Child Only | 536.99 | 78.97 | 615.96 | |
| Children Only | 954.25 | 150.83 | 1,105.08 | |

| 2025 MONTHLY COBRA RATES KAISER PERMANENTE | | | | |
|--|---|---------------------------|----------|--|
| | | | | |
| | Kaiser Medical Rx Vision COBRA Rates | HMA Dental COBRA Rates | TOTAL | |
| Employee Only | 757.21 | 68.36 | 825.57 | |
| Employee and Spouse | 1,910.99 | 143.72 | 2,054.71 | |
| Employee and Child | 1,310.15 | 133.72 | 1,443.87 | |
| Employee and Children | 1,793.14 | 195.06 | 1,988.20 | |
| Employee, Spouse and Child | 2,463.89 | 209.12 | 2,673.01 | |
| Employee, Spouse and Children | 2,946.86 | 270.42 | 3,217.28 | |
| Spouse Only | 1,153.78 | 75.36 | 1,229.14 | |
| Child Only | 552.94 | 65.36 | 618.30 | |
| Children Only | 1,035.93 | 126.70 | 1,162.63 | |