

**Mountain Empire Unified School District**

COBRA Health Benefit Costs

January 1 - December 31, 2024

**ANNUAL COBRA RATES**

(12 payments due the previous month by the 10th)

<b>Plans</b>	<b>One Person</b>	<b>2 Party</b>	<b>Family</b>
KAISER 10 Rx PLAN	798.00	1,572.00	2,215.00
VEBA Direct HMO (formerly N1)	853.00	1,686.00	2,367.00
UHC Network 3 Plan	949.00	1,704.00	2,397.00
UHC Alliance 20/30 Plan	933.00	1826.00	2558.00
UHC Journey - Harmony	756.00	1443.00	2020.00
Simnsa	278.00	487.00	715.00
Delta Dental	43.87	79.76	111.67
VSP Vision	4.53	8.25	11.54