

SELF-PAY RATES ALL PLANS 2024



Non-Active Classification (Retired, Disabled and Surviving Spouse*) <i>*Surviving Spouse rates include dependent coverage, if applicable</i>	Standard	w/Dental
Medicare Rate	\$275	\$310
Non-Medicare Rate	\$679	\$714

Premium Plan-COBRA	Standard
Individual Plan Rate	\$602
Family Plan Rate	\$1,959
Individual Plan Extended Disability Rate (months 19-29)	\$898
Family Plan Extended Disability Rate (months 19-29)	\$2,260

Basic Plan-COBRA	Standard
Individual Plan Rate	\$535
Family Plan Rate	\$1,749
Individual Plan Extended Disability Rate (months 19-29)	\$799
Family Plan Extended Disability Rate (months 19-29)	\$2,017