



## PUBLIC SCHOOL COBRA PARTICIPANT PREMIUMS

RATES EFFECTIVE JANUARY 1, 2024 - DECEMBER 31, 2024

PLAN	TOTAL MONTHLY PREMIUM
<b>PREMIUM</b>	
EMPLOYEE ONLY	\$499.15
EMPLOYEE & SPOUSE	\$1,173.00
EMPLOYEE & CHILD(REN)	\$973.34
EMPLOYEE & FAMILY	\$1,647.19
<b>CLASSIC</b>	
EMPLOYEE ONLY	\$433.95
EMPLOYEE & SPOUSE	\$1,019.78
EMPLOYEE & CHILD(REN)	\$846.20
EMPLOYEE & FAMILY	\$1,432.03
<b>BASIC</b>	
EMPLOYEE ONLY	\$383.00
EMPLOYEE & SPOUSE	\$900.06
EMPLOYEE & CHILD(REN)	\$746.85
EMPLOYEE & FAMILY	\$1,263.91
The Basic Plan meets the minimum essential coverage required under A.C.A.	