

COBRA Rates

Lewis and Clark 2024 -2025 COBRA Rates

Medical - Kaiser HMO		
	Monthly Rate	COBRA Rate
Employee Only	\$729.62	\$744.21
Employee and Spouse	\$1,495.71	\$1,525.62
Employee and Child(ren)	\$1,386.27	\$1,413.99
Employee and Family	\$2,152.37	\$2,195.41
Spouse Only	\$729.62	\$744.21
Child Only	\$729.62	\$744.21
Children Only	\$1,386.27	\$1,413.99
Spouse with Child(ren) Only	\$1,386.27	\$1,413.99

Medical - Kaiser HMO Plus		
	Monthly Rate	COBRA Rate
Employee Only	\$744.39	\$759.27
Employee and Spouse	\$1,526.01	\$1,556.53
Employee and Child(ren)	\$1,414.35	\$1,442.63
Employee and Family	\$2,195.96	\$2,239.87
Spouse Only	\$744.39	\$759.27
Child Only	\$744.39	\$759.27
Children Only	\$1,414.35	\$1,442.63
Spouse with Child(ren) Only	\$1,414.35	\$1,442.63

Medical - Kaiser Added Choice		
	Monthly Rate	COBRA Rate
Employee Only	\$1,066.83	\$1,088.16
Employee and Spouse	\$2,187.00	\$2,230.74
Employee and Child(ren)	\$2,026.98	\$2,067.51
Employee and Family	\$3,147.15	\$3,210.09
Spouse Only	\$1,066.83	\$1,088.16
Child Only	\$1,066.83	\$1,088.16
Children Only	\$2,026.98	\$2,067.51
Spouse with Child(ren) Only	\$2,026.98	\$2,067.51

Medical - Kaiser HDHP		
	Monthly Rate	COBRA Rate
Employee Only	\$565.36	\$576.66
Employee and Spouse	\$1,158.99	\$1,182.16
Employee and Child(ren)	\$1,074.19	\$1,095.67
Employee and Family	\$1,667.82	\$1,701.17
Spouse Only	\$565.36	\$576.66
Child Only	\$565.36	\$576.66
Children Only	\$1,074.19	\$1,095.67
Spouse with Child(ren) Only	\$1,074.19	\$1,095.67

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Dental - Delta Dental		
	Monthly Rate	COBRA Rate
Employee Only	\$57.85	\$59.00
Employee and Spouse	\$133.05	\$135.71
Employee and Child(ren)	\$109.93	\$112.12
Employee and Family	\$185.12	\$188.82
Spouse Only	\$57.85	\$59.00
Child Only	\$57.85	\$59.00
Children Only	\$109.93	\$112.12
Spouse with Child(ren) Only	\$109.93	\$112.12

Dental - Willamette Dental		
	Monthly Rate	COBRA Rate
Employee Only	\$45.60	\$46.51
Employee and Spouse	\$91.25	\$93.07
Employee and Child(ren)	\$100.35	\$102.35
Employee and Family	\$141.40	\$144.22
Spouse Only	\$45.60	\$46.51
Child Only	\$45.60	\$46.51
Children Only	\$100.35	\$102.35
Spouse with Child(ren) Only	\$100.35	\$102.35

Dental - Kaiser		
	Monthly Rate	COBRA Rate
Employee Only	\$63.48	\$64.74
Employee and Spouse	\$126.97	\$129.50
Employee and Child(ren)	\$114.27	\$116.55
Employee and Family	\$190.44	\$194.24
Spouse Only	\$63.48	\$64.74
Child Only	\$63.48	\$64.74
Children Only	\$114.27	\$116.55
Spouse with Child(ren) Only	\$114.27	\$116.55

Employee Assistance Program	Canopy	
	Monthly Rate	COBRA Rate
Per Participant	\$2.32	\$2.36