MarshMcLennan

2023 COBRA Rates

To enroll in 2023 COBRA benefits, follow the instructions mailed to your home from Trion, the Company's administrator for COBRA. The following table lists the monthly COBRA costs for your 2023 benefits. Rates vary by plan.

Medical COBRA Rates

Surest Copay Plan	
Coverage Level	**Monthly Cost**
Employee	$662.61
Employee + Spouse/Domestic Partner	$1,590.27
Employee + Child(ren)	$1,325.22
Employee + Family	$2,319.13

Aetna: $1,500 Deductible Plan		
Coverage Level	**Broad Network Monthly Cost**	**Narrow Network Monthly Cost**
Employee	$672.24	$645.07
Employee + Spouse/Domestic Partner	$1,613.39	$1,548.15
Employee + Child(ren)	$1,344.46	$1,290.11
Employee + Family	$2,352.81	$2,257.68

Anthem BlueCross BlueShield: $1,500 Deductible Plan	
Coverage Level	**Broad Network Monthly Cost**
Employee	$672.24
Employee + Spouse/Domestic Partner	$1,613.39
Employee + Child(ren)	$1,344.46
Employee + Family	$2,352.81

Aetna: $3,000 Deductible Plan		
Coverage Level	**Broad Network Monthly Cost**	**Narrow Network Monthly Cost**
Employee	$609.80	$585.09
Employee + Spouse/Domestic Partner	$1,463.52	$1,404.24
Employee + Child(ren)	$1,219.56	$1,170.17
Employee + Family	$2,134.25	$2,047.80

Anthem BlueCross BlueShield: $3,000 Deductible Plan	
Coverage Level	**Broad Network Monthly Cost**
Employee	$609.80
Employee + Spouse/Domestic Partner	$1,463.52
Employee + Child(ren)	$1,219.56
Employee + Family	$2,134.25

Kaiser: $1,500 Deductible Plan	
Coverage Level	**Monthly Cost**
Employee Only	$524.06
Employee + Spouse/Domestic Partner	$1,257.73
Employee + Child(ren)	$1,048.11
Employee + Family	$1,834.19

Kaiser: $3,000 Deductible Plan	
Coverage Level	**Monthly Cost**
Employee Only	$472.53
Employee + Spouse/Domestic Partner	$1,134.06
Employee + Child(ren)	$945.05
Employee + Family	$1,653.84

HMSA Preferred Provider Plan – Hawaii PPP	
Coverage	**Monthly Cost**
Employee Only	$692.95
Employee + Spouse/Domestic Partner	$1,663.09
Employee + Child(ren)	$1,385.89
Employee + Family	$2,425.34

HMSA Health Plan Hawaii Plus – Hawaii HMO	
Coverage Level	**Monthly Cost**
Employee Only	$684.85
Employee + Spouse/Domestic Partner	$1,643.65
Employee + Child(ren)	$1,369.70
Employee + Family	$2,397.00

Dental COBRA Rates

MetLife Premier Plan	
Coverage Level	**Monthly Cost**
Employee Only	$52.19
Employee + Spouse/Domestic Partner	$125.27
Employee + Child(ren)	$104.39
Employee + Family	$182.68

MetLife Standard Plan	
Coverage Level	**Monthly Cost**
Employee Only	$41.63
Employee + Spouse/Domestic Partner	$99.89
Employee + Child(ren)	$83.24
Employee + Family	$145.68

Vision COBRA Rates

VSP High Option	
Coverage Level	**Monthly Cost**
Employee Only	$11.16
Employee + Spouse/Domestic Partner	$26.75
Employee + Child(ren)	$22.29
Employee + Family	$39.03

VSP Low Option	
Coverage Level	**Monthly Cost**
Employee Only	$6.90
Employee + Spouse/Domestic Partner	$16.58
Employee + Child(ren)	$13.81
Employee + Family	$24.17

Employee Assistance Program COBRA Rates

CIGNA Behavioral Health: Employee Assistance Program	
Coverage Level	**Monthly Cost**
Employee Only	$1.89
Employee + Spouse/Domestic Partner	$1.89
Employee + Child(ren)	$1.89
Employee + Family	$1.89

Health Advocate COBRA Rates

Health Advocate	
Coverage Level	**Monthly Cost**
Employee Only	$0.00
Employee + Spouse/Domestic Partner	$0.00
Employee + Child(ren)	$0.00
Employee + Family	$0.00

Teladoc Medical Experts COBRA Rates

Teladoc Medical Experts	
Coverage Level	**Monthly Cost**
Employee Only	$0.00
Employee + Spouse/Domestic Partner	$0.00
Employee + Child(ren)	$0.00
Employee + Family	$0.00