

## 2024-2025 COBRA RATES

### ICUBA PREMIUM FOR THE PLAN YEAR BEGINNING APRIL 1, 2024

BCBS MEDICAL	COVERAGE TIER	MONTHLY RATES	ANNUAL ENROLLMENT INFORMATION
PREFERRED PPO PLAN	Individual	\$832.32	<p>During annual enrollment you can make changes to benefits you have already elected, such as switching from one medical insurance plan to another, but you can't make new elections for benefits you are not currently enrolled in.</p> <p>For more information about your rights visit the Department of Labor website online at <a href="https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/cobra#employees">https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/cobra#employees</a>.</p> <p>To view this document and plan summaries for the 2024-2025 plan year visit ICUBA's iHUB online at <a href="http://www.icubabenefits.info/documents">www.icubabenefits.info/documents</a>.</p> <p>If you are not making any changes to your current elections, your coverage will carry forward with the new premium in the table to the left effective April 1, 2024.</p> <p>To view your current elections, including your eligibility period login to your Ameriflex account online at <a href="http://myameriflex.com/resources/">myameriflex.com/resources/</a> or email <a href="mailto:cobra@myameriflex.com">cobra@myameriflex.com</a>.</p>
	Individual+Spouse	\$1,774.80	
	Individual+Child(ren)	\$1,500.42	
Family	\$2,336.82		
HIGH DEDUCTIBLE PPO PLAN	Individual	\$826.20	
	Individual+Spouse	\$1,759.50	
	Individual+Child(ren)	\$1,194.42	
Family	\$1,999.20		
DELTA DENTAL	COVERAGE TIER	MONTHLY RATES	
PPO BASE PLAN	Individual	\$24.28	
	Individual+1	\$56.43	
	Family	\$93.42	
PPO BUY UP PLAN	Individual	\$42.52	
	Individual+1	\$84.70	
	Family	\$142.44	
HMO PLAN	Individual	\$12.07	
	Individual+1	\$24.20	
	Family	\$37.59	
EYEMED VISION	COVERAGE TIER	MONTHLY RATES	
PPO BASE PLAN	Individual	\$4.83	
	Family	\$12.39	
PPO BUY UP PLAN	Individual	\$7.53	
	Family	\$19.25	