

2024 Monthly COBRA Rate Information

Listed below are monthly COBRA rates and the health coverage available to you if you elect to continue coverage under the conditions of the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA). The COBRA rates below reflect 102% of the premium equivalent rate. The additional 2% is to cover administrative costs. If you become disabled and continue your coverage beyond 18 months, the COBRA rates increase to 150% of the premium equivalent rate.

You have 60 days from the date your employee benefits end or the date of the notification letter from WEX (whichever is later) to elect coverage. You will then have 45 days from your election date to pay for your coverage retroactively to your COBRA eligibility date.

Plan	Participant only	Participant + spouse / domestic partner	Participant + child(ren)	Participant + family
Medical Plans				
Aetna Choice PPO	\$682.40	\$1,381.27	\$1,332.35	\$2,157.03
Aetna Value HDHP	\$614.16	\$1,243.16	\$1,243.16	\$1,941.34
Aetna Saver HDHP	\$508.80	\$1,029.86	\$993.39	\$1,608.27
Dental Plans				
Metlife Dental High Plan	\$47.07	\$96.11	\$112.60	\$175.04
Metlife Dental Low Plan	\$31.82	\$65.48	\$72.55	\$118.77
Vision Plans				
VSP Vision Basic	\$9.49	\$15.18	\$15.49	\$24.97

You will receive an eligibility notice and election instructions from WEX, the COBRA administrator, by mail to your home address. Please contact them directly with any questions you may have concerning your COBRA eligibility or enrollment.

WEX
 866.451.3399
www.wexinc.com