



# 2024 COBRA Employee Health Plan

## Monthly Direct Bill Rate Table

EMPLOYEE HEALTH PLANS	MONTHLY PREMIUMS
<b>CIGNA CHOICE HMO</b>	
Participant Only	\$944.27
Participant With 1 Dependent	\$1,866.29
Participant With 2 or More Dependents	\$2,596.80
<b>CIGNA SELECT HMO</b>	
Participant Only	\$786.98
Participant With 1 Dependent	\$1,555.44
Participant With 2 or More Dependents	\$2,164.27
<b>KAISER CHOICE HMO</b>	
Participant Only	\$760.76
Participant With 1 Dependent	\$1,521.51
Participant With 2 or More Dependents	\$2,152.93
<b>SHAREWELL CHOICE PPO</b>	
Participant Only	\$680.63
Participant With 1 Dependent	\$1,191.05
Participant With 2 or More Dependents	\$1,565.43
<b>WELLWISE CHOICE PPO</b>	
Participant Only	\$1,071.86
Participant With 1 Dependent	\$1,982.93
Participant With 2 or More Dependents	\$2,679.64