



2025 COBRA Employee Health Plan Monthly Direct Bill Rate Table

EMPLOYEE HEALTH PLANS	MONTHLY PREMIUMS
CIGNA CHOICE HMO	
Participant Only	\$1,038.32
Participant With 1 Dependent	\$2,051.99
Participant With 2 or More Dependents	\$2,854.98
CIGNA SELECT HMO	
Participant Only	\$833.96
Participant With 1 Dependent	\$1,648.45
Participant With 2 or More Dependents	\$2,293.88
KAISER CHOICE HMO	
Participant Only	\$811.60
Participant With 1 Dependent	\$1,623.21
Participant With 2 or More Dependents	\$2,296.85
SHAREWELL CHOICE PPO	
Participant Only	\$726.91
Participant With 1 Dependent	\$1,272.05
Participant With 2 or More Dependents	\$1,671.89
WELLWISE CHOICE PPO	
Participant Only	\$1,105.57
Participant With 1 Dependent	\$2,045.31
Participant With 2 or More Dependents	\$2,763.93