

# 2024 Monthly COBRA Rates

## OhioHealthy Medical Plans

Coverage Level	HDHP	PPO	PPO Assist
Associate	\$928.20	\$1,020.46	\$1,085.35
Associate + 1	\$1,807.56	\$1,969.50	\$2,094.73
Associate + Family	\$2,194.42	\$2,398.10	\$2,550.57

## Dental & Vision

Coverage Level	Dental	Vision
Associate	\$36.80	\$13.22
Associate + 1	\$66.52	\$19.04
Associate + Family	\$115.70	\$34.11

## O'Bleness Bargaining Unit Plans

Coverage Level	Medical	Dental	Vision
Associate	\$1,888.21	Contact AFSCME for rate information	
Family	\$4,960.35		