

2024 COBRA RATES

CARRIER_NAME	PLAN_NAME	COVERAGE TIER	COBRA Rate
Delta Dental	DPPO Low	Individual	\$39.12
Delta Dental	DPPO Low	Ind + Spouse	\$75.35
Delta Dental	DPPO Low	Ind + Children	\$80.08
Delta Dental	DPPO Low	Family	\$133.17
Delta Dental	Delta Dental High	Individual	\$50.85
Delta Dental	Delta Dental High	Ind + Spouse	\$97.93
Delta Dental	Delta Dental High	Ind + Children	\$104.08
Delta Dental	Delta Dental High	Family	\$173.07
Harvard Pilgrim Health Care (HPHC)	Best Buy HMO HSA (HDHP)	Individual	\$843.88
HPHC	Best Buy HMO HSA (HDHP)	Ind + Spouse	\$1,814.33
HPHC	Best Buy HMO HSA (HDHP)	Ind + Children	\$1,603.36
HPHC	Best Buy HMO HSA (HDHP)	Family	\$2,603.44
HPHC	Best Buy HMO	Individual	\$900.58
HPHC	Best Buy HMO	Ind + Spouse	\$1,936.24
HPHC	Best Buy HMO	Ind + Children	\$1,711.09
HPHC	Best Buy HMO	Family	\$2,778.38
HPHC	HMO	Individual	\$967.67
HPHC	HMO	Ind + Spouse	\$2,080.51
HPHC	HMO	Ind + Children	\$1,838.59
HPHC	HMO	Family	\$2,985.37
HPHC	PPO	Individual	\$1,284.11
HPHC	PPO	Ind + Spouse	\$2,760.83
HPHC	PPO	Ind + Children	\$2,439.81
HPHC	PPO	Family	\$3,961.61
VSP	Vision Plan	Individual	\$5.10
VSP	Vision Plan	Ind + Spouse	\$11.24
VSP	Vision Plan	Ind + Children	\$10.49
VSP	Vision Plan	Family	\$17.96

Member Services information _ After you enroll

Brandeis Participant Service Team Phone: 888-678-4881 Web: mybenefits.wageworks.com

PLEASE NOTE: If you are on an HMO Plan and move out of the service area, you must notify HealthEquity/Wageworks within 31 days of your relocation and enroll in the PPO plan to continue your health insurance coverage. HPHC may not cover out of network services.

Open Enrollment: If you are currently enrolled in a health and/or dental program, a plan change may be made during the open enrollment period. Open enrollment is held during November or December with new coverage effective January 1.