

**SPARC Group****2024 Monthly COBRA Rates**

	2024 COBRA Rates (with 2%)
<b>Anthem BCBS Premium PPO</b>	
Employee Only	\$721.52
Employee + One	\$1,353.03
Employee + Family	\$1,927.60
<b>Anthem BCBS Standard PPO</b>	
Employee Only	\$635.85
Employee + One	\$1,192.35
Employee + Family	\$1,698.71
<b>Anthem BCBS Essential CDHP</b>	
Employee Only	\$509.45
Employee + One	\$950.05
Employee + Family	\$1,389.59
<b>Delta Dental DMO</b>	
Employee Only	\$17.74
Employee + One	\$30.53
Employee + Family	\$50.11
<b>Delta Dental DPPO</b>	
Employee Only	\$40.49
Employee + One	\$75.47
Employee + Family	\$106.55
<b>EyeMed - Core</b>	
Employee Only	\$6.63
Employee + One	\$12.51
Employee + Family	\$18.30
<b>EyeMed - Enhanced</b>	
Employee Only	\$10.39
Employee + One	\$19.60
Employee + Family	\$28.70
<b>Kaiser</b>	
Employee Only	\$667.08
Employee + One	\$1,254.11
Employee + Family	\$1,781.10