NON-MEDICARE Monthly COBRA Rates for Effective October 2024

PLAN	Coverage	COBRA RATE
Aetna EPO	INDIVIDUAL BASIC	$1,690.44
	FAMILY BASIC	$4,878.06
	INDIVIDUAL with RIDER	$4,233.97
	FAMILY with RIDER	$12,254.29
Anthem EPO	INDIVIDUAL BASIC	$2,280.92
	FAMILY BASIC	$5,703.08
	INDIVIDUAL with RIDER	$2,935.25
	FAMILY with RIDER	$7,307.19
Anthem Blue Access Gated EPO	INDIVIDUAL BASIC	$1,668.15
	FAMILY BASIC	$4,330.72
	INDIVIDUAL with RIDER	$2,322.48
	FAMILY with RIDER	$5,934.83
DC-37 Medteam (no rider available)	INDIVIDUAL BASIC	$1,079.07
	FAMILY BASIC	$2,646.77
GHI-CBP/ABCBS	INDIVIDUAL BASIC	$1,114.91
	FAMILY BASIC	$2,931.44
	INDIVIDUAL with RIDER	$1,252.50
	FAMILY with RIDER	$3,188.13
GHI HMO	INDIVIDUAL BASIC	$1,476.75
	FAMILY BASIC	$3,760.88
	INDIVIDUAL with RIDER	$2,054.75
	FAMILY with RIDER	$5,234.93

PLAN	Coverage	COBRA RATE
HIP HMO Gold Preferred Plan (Grandfathered)	INDIVIDUAL BASIC	$1,079.07
	FAMILY BASIC	$2,646.77
	INDIVIDUAL with RIDER	$1,525.55
	FAMILY with RIDER	$3,740.64
HIP HMO Gold Preferred Plan (Standard)	INDIVIDUAL BASIC	$1,079.07
	FAMILY BASIC	$2,646.77
	INDIVIDUAL with RIDER	$1,242.97
	FAMILY with RIDER	$2,954.32
HIP Prime POS	INDIVIDUAL BASIC	$2,460.41
	FAMILY BASIC	$6,030.77
	INDIVIDUAL with RIDER	$2,962.56
	FAMILY with RIDER	$7,261.30
Metroplus (Grandfathered)	INDIVIDUAL BASIC	$1,079.07
	FAMILY BASIC	$2,646.77
	INDIVIDUAL with RIDER	$1,363.62
	FAMILY with RIDER	$3,358.14
Metroplus (Standard)	INDIVIDUAL BASIC	$1,079.07
	FAMILY BASIC	$2,646.77
	INDIVIDUAL with RIDER	$1,225.03
	FAMILY with RIDER	$2,913.41
Vytra	INDIVIDUAL BASIC	$1,409.60
	FAMILY BASIC	$3,701.41
	INDIVIDUAL with RIDER	$1,902.43
	FAMILY with RIDER	$4,983.59

MEDICARE Plans Monthly COBRA Rates for Effective January 2025

PLAN	Coverage	COBRA RATE
GHI Senior Care	PER PERSON BASIC	$228.87
	PER PERSON with RIDER	$385.61
GHI HMO Medicare Senior Supplement	PER PERSON BASIC	$992.38
	PER PERSON with RIDER	$1,109.68
Anthem Medicare Related	ONE PERSON BASIC	$412.12
	ONE PERSON with RIDER	$673.58
DC-37 Medteam	PER PERSON BASIC RIDER NOT AVAILABLE	$228.87
Aetna PPO/ESA (NY/NJ/PA)	PER PERSON BASIC	$99.44
	PER PERSON with RIDER	$266.34
Aetna PPO/ESA (All other areas)	PER PERSON BASIC	$119.44
	PER PERSON with RIDER	$209.48
HIP VIP	PER PERSON BASIC	$198.50
	PER PERSON with RIDER	$388.50

Rates are Subject to Change

NOTE: If you were enrolled in a **Medicare Advantage/HMO** you MUST contact your health plan **DIRECTLY** for benefit and cost information regarding continuation of coverage.

Return the completed COBRA form to your chosen plan. Addresses are listed on the front of this pamphlet. Wait for notification from the plan before mailing in your first payment. Checks and/or money orders must be made payable to the health plan and mailed DIRECTLY to the plan.

Enrollees of all plans not listed must contact the plan DIRECTLY for enrollment options.