STATE OF IDAHO Active Employee Plans

COBRA Monthly Premium Rates Effective 7/1/2024 through 6/30/2025

MEDICAL - COBRA ADMINISTRATION

HMA administers COBRA <u>medical</u> coverage for Regence BlueShield of Idaho for the state of Idaho group members. To request an informational / enrollment packet, please contact HMA at 1-833-670-0900.

DENTAL - COBRA ADMINISTRATION

Blue Cross of Idaho administers COBRA <u>dental</u> coverage for the state of Idaho group members. To request an informational / enrollment packet, please contact Blue Cross at 1-800-289-8613 ext. 8211.

MONTHLY PREMIUMS

Medical Coverage (You may only choose a continuation of the plan in effect on the date your active employee coverage ends)

| | High Deductible | | Traditional |
|---------------------------------|-----------------|----------|-------------|
| | Plan | PPO Plan | Plan |
| Subscriber | \$536 | \$706 | \$796 |
| Subscriber and Spouse | \$1,157 | \$1,525 | \$1,720 |
| Subscriber and Child | \$750 | \$988 | \$1,115 |
| Subscriber and Children | \$1,061 | \$1,398 | \$1,577 |
| Subscriber Spouse and Child | \$1,366 | \$1,800 | \$2,031 |
| Subscriber, Spouse and Children | \$1,752 | \$2,308 | \$2,605 |
| | | | |
| Dental Coverage | | | |
| Subscriber | \$33 | | |
| Subscriber and Spouse | \$65 | | |
| Subscriber and Child | \$64 | | |
| Subscriber and Children | \$108 | | |
| Subscriber Spouse and Child | \$95 | | |

\$149

*You may choose to COBRA Medical or Dental or both.

Subscriber, Spouse and Children