## Your 2024 Monthly COBRA Cost of Coverage



Medical Options	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
BCBS CF Standard PPO	\$682.75	\$1,467.67	\$1,131.06	\$2,170.30
BCBS CF Advantage PPO with HSA	\$718.19	\$1,511.86	\$1,190.46	\$2,182.76
Dental	\$31.21	\$61.83	\$81.66	\$125.39
Vision	\$9.07	\$19.67	\$19.88	\$32.19

## **COBRA Administrator**

If you have questions or need help, contact:

## **BASIC COBRA**

PO Box 14015

Madison, WI 53708

(800) 372-3539

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