

ISU Plan 2024 COBRA Premiums

Medical/Pharmacy	Wellmark BC/BS PPO	Wellmark BC/BS HMO
	Alliance Select	Blue Advantage
Single/Yourself	\$ 704.82	\$ 681.36
Yourself and Spouse	\$ 1,610.58	\$ 1,565.70
Yourself and Child(ren)	\$ 1,256.64	\$ 1,224.00
Yourself and Family	\$ 2,064.48	\$ 1,992.06

Delta Dental	Basic	Comprehensive
	Plan	Plan
Single/Yourself	\$ 24.48	\$ 42.84
Yourself and Spouse	\$ 59.16	\$ 111.18
Yourself and Child(ren)	\$ 66.30	\$ 117.30
Yourself and Family	\$ 75.48	\$ 132.60

Avesis	Vision Plan
Single/Yourself	\$ 6.80
Yourself and Spouse	\$ 12.83
Yourself and Child(ren)	\$ 14.05
Yourself and Family	\$ 18.06