



2024 COBRA HEALTH PLAN PREMIUMS

For Plan Year Effective:
January 1, 2024 through December 31, 2024

	Florida Blue Plans (PPO)		FHCP (HMO)	
	Blue Options 03359	Blue Options 05774	FHCP-TS3	FHCP-TS4
COBRA Enrollee Only	\$738.48	\$674.22	\$766.02	\$692.58
COBRA Enrollee & Spouse	\$1,552.44	\$1,415.76	\$1,607.52	\$1,453.50
COBRA Enrollee + Child(ren) Only	\$1,330.08	\$1,213.80	\$1,378.02	\$1,246.44
COBRA Enrollee + Spouse + Child(ren)	\$2,143.02	\$1,955.34	\$2,220.54	\$2,007.36

	Delta Dental PPO Option 1	Delta Dental PPO Option 2	Delta Care HMO Option 3
COBRA Enrollee Only	\$26.36	\$31.52	\$12.93
COBRA Enrollee & Spouse	\$55.37	\$66.22	\$22.64
COBRA Enrollee + Child(ren) Only	\$55.92	\$66.85	\$27.19
COBRA Enrollee + Spouse + Child(ren)	\$92.68	\$110.85	\$38.17

	VSP Vision
COBRA Enrollee Only	\$5.68
COBRA Enrollee & Spouse	\$11.39
COBRA Enrollee + Child(ren) Only	\$11.72
COBRA Enrollee + Spouse + Child(ren)	\$16.23