



2023 COBRA HEALTH PLAN PREMIUMS

For Plan Year Effective:

January 1, 2023 through December 31, 2023

	Florida Blue Plans (PPO)		Florida Health Care Plans (HMO)	
	Blue Options 03359	Blue Options 05774	FHCP-TS3	FHCP-TS4
COBRA Participant Only	\$698.70	\$637.50	\$678.02	\$640.56
COBRA Participant & Spouse	\$1,467.78	\$1,339.26	\$1,421.88	\$1,344.36
COBRA Participant + Child(ren) Only	\$1,257.66	\$1,147.50	\$1,218.90	\$1,152.60
COBRA Participant + Spouse + Child(ren)	\$2,026.74	\$1,849.26	\$1,964.52	\$1,856.40

	Delta Dental PPO Option 1	Delta Dental PPO Option 2	Delta Care HMO Option 3
	COBRA Participant Only	\$25.36	\$30.31
COBRA Participant & Spouse	\$53.24	\$63.67	\$22.64
COBRA Participant + Child(ren) Only	\$53.75	\$64.28	\$27.19
COBRA Participant + Spouse + Child(ren)	\$89.13	\$106.58	\$38.17

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