



2025 COBRA MONTHLY PREMIUMS

MEDICAL

Aetna Open Access Select/Best Choice EPO	Monthly Premium Effective 1/1/2025
Employee	\$674.49
Employee & Spouse	\$1416.43
Employee & Children	\$1306.93
Family	\$2176.07
Aetna Open Access Select EPO Plan	Monthly Premium Effective 1/1/2025
Employee	\$632.28
Employee & Spouse	\$1327.79
Employee & Children	\$1225.14
Family	\$2039.89
Aetna Choice® POS II - HDHP (High Deductible Health Plan)	Monthly Premium Effective 1/1/2025
Employee	\$658.01
Employee & Spouse	\$1377.57
Employee & Children	\$1235.15
Family	\$2070.78

DENTAL

RELIANCE STANDARD DENTAL (PPO)	Monthly Premium Effective 1/1/2025
Employee	\$27.94
Employee & Spouse	\$58.09
Employee & Children	\$54.37
Family	\$92.26
AETNA DENTAL (HMO)	Monthly Premium Effective 1/1/2025
Employee	\$17.67
Employee & Spouse	\$33.56
Employee & Children	\$31.76
Family	\$.39.10

VISION

AETNA VISION	Monthly Premium Effective 1/1/2025
Employee	\$4.50
Employee & Spouse	\$8.84
Employee & Children	\$8.07
Family	\$12.41