



2024 COBRA Rates

Medical Plans	
Cigna PPO Premium	Monthly Premium (includes 2% administration fee)
Employee	\$978.37
Employee + Spouse	\$1,956.26
Employee + Child(ren)	\$1,759.62
Family	\$2,933.10
Cigna EPO Base	
Employee	\$860.49
Employee + Spouse	\$1,720.59
Employee + Child(ren)	\$1,547.69
Family	\$2,579.74
Cigna HDHP Plus with HSA	
Employee	\$686.58
Employee + Spouse	\$1,370.15
Employee + Child(ren)	\$1,232.55
Family	\$2,052.80
Kaiser HMO	
Employee	\$631.66
Employee + Spouse	\$1,326.48
Employee + Child(ren)	\$1,105.40
Family	\$1,926.56



2024 COBRA Rates

Medical Plans (Limited Abortion)	
	Monthly Premium (includes 2% administration fee)
Cigna PPO Premium	
Employee	\$973.64
Employee + Spouse	\$1,946.82
Employee + Child(ren)	\$1,751.13
Family	\$2,918.93
Cigna EPO Base	
Employee	\$855.93
Employee + Spouse	\$1,711.49
Employee + Child(ren)	\$1,539.49
Family	\$2,565.84
Cigna HDHP Plus with HSA	
Employee	\$683.30
Employee + Spouse	\$1,363.60
Employee + Child(ren)	\$1,226.67
Family	\$2,042.99

***These rates apply to Sprinklrites enrolled in the Limited Abortion plan offerings (in TX, OK, or MO)*



2024 COBRA Rates

Dental Plans	
	Monthly Premium (includes 2% administration fee)
Dental PPO Plan	
Employee	\$42.00
Employee + Spouse	\$82.40
Employee + Child(ren)	\$105.56
Family	\$159.61
Dental PPO Plus Plan	
Employee	\$46.80
Employee + Spouse	\$92.78
Employee + Child(ren)	\$119.12
Family	\$180.59

Vision Plans	
	Monthly Premium (includes 2% administration fee)
VSP Vision Plan	
Employee	\$4.51
Employee + Spouse	\$7.21
Employee + Child(ren)	\$7.87
Family	\$11.88
VSP Vision Plus Plan	
Employee	\$12.99
Employee + Spouse	\$20.80
Employee + Child(ren)	\$21.25
Family	\$34.27