

Deschutes County Insurance COBRA Rates

Health Plan Rates for January 1, 2024 - December 31, 2024



COBRA Monthly Premiums (including 2% admin fee):	Standard Plan	High Deductible Plan	Dental Plan
	Employee Only	\$979.20	\$718.08
Employee + Spouse	\$1,959.42	\$1,422.90	\$145.86
Employee + Children	\$1,713.60	\$1,245.42	\$127.50
Employee + Family	\$2,692.80	\$1,956.36	\$199.92

Under COBRA, you may continue any coverage you had before the qualifying event. If the Plan Sponsor provides both medical and dental coverage and you were enrolled in both, you may continue both medical and dental. If the Plan Sponsor provides only one type of coverage, or if you were enrolled in only one type of coverage, you may continue only that coverage.

The above premiums are subject to change the beginning of each plan year.