

2023 COBRA Dental Rates - Officers and Support Staff		
	2023 COBRA Rates	2023 Disabled Beneficiaries Extension Rates (months 19-29)
<b>Officers</b>		
<b>Aetna Columbia DPPO</b>		
Employee	\$45.00	\$66.00
EE + 1	\$90.00	\$132.00
Family	\$135.00	\$198.00
<b>Aetna Columbia DHMO</b>		
Employee	\$11.91	\$17.52
EE + 1	N/A	N/A
Family	\$33.96	\$49.94
<b>Support Staff</b>		
<b>Aetna Columbia DPPO</b>		
Employee	\$45.00	\$66.00
EE + 1	\$90.00	\$132.00
Family	\$135.00	\$198.00
<b>Aetna Columbia DHMO</b>		
Employee	\$11.91	\$17.52
EE + 1	N/A	N/A
Family	\$33.96	\$49.94
<b>EmblemHealth Preferred Dental Plan - SSA and TWU</b>		
Employee	\$16.58	\$24.38
EE + 1	N/A	N/A
Family	\$53.06	\$78.03
<b>EmblemHealth Alternate Dental Plan - Local 2110, NUSS, and TWU Lamont</b>		
Employee	\$17.71	\$26.04
EE + 1	N/A	N/A
Family	\$56.75	\$83.46

2023 COBRA Vision Rates - Officers and Support Staff		
	2023 COBRA Rates	2023 Disabled Beneficiaries Extension Rates (months 19-29)
<b>Officers</b>		
<b>UHC Columbia Voluntary Vision Plan</b>		
Employee	\$5.33	\$7.85
EE + Spouse/DP	\$9.88	\$14.54
EE + Child(ren)	\$12.35	\$18.17
Family	\$17.30	\$25.44
<b>Support Staff</b>		
<b>UHC Columbia Voluntary Vision Plan</b>		
Employee	\$5.33	\$7.85
EE + Spouse/DP	\$9.88	\$14.54
EE + Child(ren)	\$12.35	\$18.17
Family	\$17.30	\$25.44