

2024 COBRA Dental Rates - Officers and Support Staff		
2024 COBRA Rates		2024 Disabled Beneficiaries Extension Rates (months 19-29)
<b>Officers</b>		
<b>Aetna Columbia DPPO</b>		
Employee	\$48.00	\$71.00
EE + 1	\$95.00	\$140.00
Family	\$142.00	\$209.00
<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	\$48.00	\$71.00
EE + 1	\$95.00	\$140.00
Family	\$142.00	\$209.00
<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	\$15.99	\$23.52
EE + 1	N/A	N/A
Family	\$51.20	\$75.30
<b>EmblemHealth Alternate Dental Plan - Local 2110, NUSS, and TWU Lamont</b>		
Employee	\$17.09	\$25.13
EE + 1	N/A	N/A
Family	\$54.76	\$80.54

2024 COBRA Vision Rates - Officers and Support Staff		
2024 COBRA Rates		2024 Disabled Beneficiaries Extension Rates (months 19-29)
<b>Officers</b>		
<b>UHC Columbia Voluntary Plan</b>		
Employee	\$5.33	\$7.85
EE + Spouse/Domestic Partner	\$9.88	\$14.54
EE + Child(ren)	\$12.35	\$18.17
Family	\$17.30	\$25.44
<b>Support Staff</b>		
<b>UHC Columbia Voluntary Plan</b>		
Employee	\$5.33	\$7.85
EE + Spouse/Domestic Partner	\$9.88	\$14.54
EE + Child(ren)	\$12.35	\$18.17
Family	\$17.30	\$25.44