2024 COBRA Rates - Office	ers			
	2024 COBRA Rates	2024 Disabled Beneficiaries Extension Rates (months 19-29)		
Choice Plus 100				
Employee EE + Spouse/Domestic Partner EE + Child(ren) Family	\$1,306.00 \$2,740.00 \$2,479.00 \$3,916.00	\$1,920.00 \$4,029.00 \$3,645.00 \$5,759.00		
Choice Plus 90				
Employee EE + Spouse/Domestic Partner EE + Child(ren) Family	\$1,186.00 \$2,492.00 \$2,255.00 \$3,559.00	\$1,745.00 \$3,665.00 \$3,317.00 \$5,234.00		
Choice Plus 80				
Employee EE + Spouse/Domestic Partner EE + Child(ren) Family	\$1,127.00 \$2,367.00 \$2,141.00 \$3,380.00	\$1,658.00 \$3,482.00 \$3,149.00 \$4,971.00		
High Deductible Health Plan	· · · · · ·	T ) T		
Employee EE + Spouse/Domestic Partner EE + Child(ren) Family	\$1,032.00 \$2,170.00 \$1,962.00 \$3,099.00	\$1,518.00 \$3,191.00 \$2,886.00 \$4,557.00		
Cigna International (International - in	cluding EVAC)			
Employee EE + Spouse/Domestic Partner EE + Child(ren) Family	\$837.31 \$2,098.42 \$1,965.99 \$3,001.32	\$1,231.34 \$3,085.91 \$2,891.16 \$4,413.71		
Cigna International (Stateside)				
Employee EE + Spouse/Domestic Partner EE + Child(ren) Family	\$1,439.21 \$3,286.64 \$3,182.04 \$4,420.17	\$2,116.49 \$4,833.30 \$4,679.48 \$6,500.25		
2024 COBRA Rates - Post Doctoral Fellows				
	2024 COBRA	2024 Disabled Beneficiaries Extension		

	2024 COBRA Rates	Beneficiaries Extension Rates (months 19-29)		
Choice Plus 80				
Employee	\$1,127.00	\$1,658.00		
EE + Spouse/Domestic Partner	\$2,367.00	\$3,482.00		
EE + Child(ren)	\$2,141.00	\$3,149.00		
Family	\$3,380.00	\$4,971.00		
2024 COBRA Rates - Obama Scholars				
	2024 COBRA	2024 Disabled Beneficiaries Extension		

	2024 COBRA Rates	Beneficiaries Extension Rates (months 19-29)
Choice Plus 80		
Employee	\$1,643.00	\$2,417.00
EE + Spouse/Domestic Partner	\$1,643.00	\$2,417.00
EE + Child(ren)	\$1,643.00	\$2,417.00
Family	\$1,643.00	\$2,417.00