

2025 COBRA Dental Rates - Officers and Support Staff		
	2025 COBRA Rates	2025 Disabled Beneficiaries Extension Rates (months 19-29)
Officers		
Aetna Columbia DPPO		
Employee	\$48.00	\$71.00
EE + 1	\$95.00	\$140.00
Family	\$142.00	\$209.00
Aetna Columbia DHMO		
Employee	\$11.91	\$17.52
EE + 1	N/A	N/A
Family	\$33.96	\$49.94
Support Staff		
Aetna Columbia DPPO		
Employee	\$48.00	\$71.00
EE + 1	\$95.00	\$140.00
Family	\$142.00	\$209.00
Aetna Columbia DHMO		
Employee	\$11.91	\$17.52
EE + 1	N/A	N/A
Family	\$33.96	\$49.94
EmblemHealth Preferred Dental Plan - SSA and TWU		
Employee	\$15.99	\$23.52
EE + 1	N/A	N/A
Family	\$51.20	\$75.30
EmblemHealth Alternate Dental Plan - Local 2110, NUSS, TWU Lamont and Loading Dock/Material Handlers		
Employee	\$17.09	\$25.13
EE + 1	N/A	N/A
Family	\$54.76	\$80.54
2025 COBRA Vision Rates - Officers and Support Staff		
	2025 COBRA Rates	2025 Disabled Beneficiaries Extension Rates (months 19-29)
Officers		
UHC Columbia Voluntary Plan		
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
Support Staff		
UHC Columbia Voluntary Plan		
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