

SIMMONS

Simmons University FY23 COBRA monthly rates - Medical, Dental and Vision

Medical Plan		
Plan Election	Coverage tier	New COBRA Monthly Premium
HDHP/PPO Higher Ed Blue	Individual	\$786.96
	Individual + 1	\$1,572.64
	Family	\$2,412.37
HMO Blue Higher Ed Blue	Individual	\$863.24
	Individual + 1	\$1,726.42
	Family	\$2,648.33

Health Reimbursement Account (HRA)		
Plan Election	Coverage tier	New COBRA Monthly Premium
HDHP/PPO Higher Ed Blue	Individual	\$21.25
	Individual + 1	\$42.50
	Family	\$42.50
HMO Blue Higher Ed Blue	Individual	\$21.25
	Individual + 1	\$42.50
	Family	\$42.50

Dental Plan		
Plan Election	Coverage tier	New COBRA Monthly Premium
Blue Cross CORE Dental	Individual	\$23.09
	Family	\$67.14
Blue Cross ENHANCED	Individual	\$55.28
	Family	\$160.63

Vision Plan		
Plan Election	Coverage tier	New COBRA Monthly Premium
VSP	Individual	\$9.12
	Individual + 1	\$13.23
	Family	\$23.72