

## 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            |                              | \$786.96                  |
|                                    | Individual + 1               | \$1,572.64                |
|                                    | Family                       | \$2,412.37                |
| LIMO Dhua Lliab an Ed Dhua         | Tradiculation                | ±062.24                   |
| HMO Blue Higher Ed Blue            |                              | \$863.24                  |
|                                    | Individual + 1<br>Family     | \$1,726.42<br>\$2,648.33  |
|                                    | Fallilly                     | 52,040.33                 |
| Health Reimbursement Account (HRA) |                              |                           |
| Plan Election                      | Coverage tier                | New COBRA Monthly Premium |
| HDHP/PPO Higher Ed Blue            |                              | \$21.25                   |
|                                    | Individual + 1               | \$42.50                   |
|                                    | Family                       | \$42.50                   |
| LIMO Dive Llieber Ed Dive          | Tradiculation                | ¢21.25                    |
| HMO Blue Higher Ed Blue            | Individual<br>Individual + 1 | \$21.25<br>\$42.50        |
|                                    | Family                       | \$42.50                   |
|                                    |                              | J-2.50                    |
| 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                   |
| BILLE CLOSS ENHANCED               | Family                       | \$33.28<br>\$160.63       |
|                                    |                              | 3100.03                   |
| Vision Plan                        |                              |                           |
| Plan Election                      | Coverage tier                | New COBRA Monthly Premium |
|                                    | Individual                   | \$9.12                    |
| VSP                                | Individual + 1               | \$13.23                   |
|                                    | Family                       | \$23.72                   |