



**Simmons University FY25 COBRA Monthly Rate - Medical, HRA, Dental and Vision**

**Rate Effective 7/1/24 - 6/30/25**

<b>Medical Plan</b>		
<b>Plan Name</b>	<b>Coverage tier</b>	<b>COBRA Monthly Rate</b>
Harvard_HDHP/PPO	Individual	\$904.49
	Individual + 1	\$1,807.50
	Family	\$2,772.64
Harvard_HMO	Individual	\$994.64
	Individual + 1	\$1,989.21
	Family	\$3,051.45

<b>Health Reimbursement Account (HRA)</b>		
<b>Plan Name</b>	<b>Coverage tier</b>	<b>COBRA Monthly Rate</b>
Health Equity_HRA (all medical plans)	Individual	\$21.25
	Individual + 1	\$42.50
	Family	\$42.50

<b>Dental Plan</b>		
<b>Plan Name</b>	<b>Coverage tier</b>	<b>COBRA Monthly Rate</b>
Blue Cross_CORE	Individual	\$24.27
	Family	\$70.54
Blue Cross_ENHANCED	Individual	\$58.09
	Family	\$168.78

<b>Vision Plan</b>		
<b>Plan Name</b>	<b>Coverage tier</b>	<b>COBRA Monthly Rate</b>
VSP	Individual	\$9.39
	Individual + 1	\$13.63
	Family	\$24.43