SEATTLE UNIVERSITY 2024 COBRA RATES

MEDICAL		
	COVERAGE	COBRA RATE
Aetna HSA		
	Employee	\$823.25
	Employee & Spouse	\$1,803.85
	Employee & Child(ren)	\$1,386.82
	Employee, Spouse & Child(ren)	\$2,331.05
Aetna PPO		
	Employee	\$930.90
	Employee & Spouse	\$2,047.99
	Employee & Child(ren)	\$1,554.60
	Employee, Spouse & Child(ren)	\$2,671.68
Kaiser HMO		
	Employee	\$749.71
	Employee & Spouse	\$1,649.37
	Employee & Child(ren)	\$1,252.02
	Employee, Spouse & Child(ren)	\$2,151.68

DENTAL		
	COVERAGE	COBRA RATE
Delta Dental - WA		
	Single Enrollee	\$51.21
	Two Enrollees	\$103.49
	Three Enrollees	\$141.54

VISION		
	COVERAGE	COBRA RATE
Vision - Core Plan		
	Employee	\$5.34
	Employee & Spouse	\$8.95
	Employee & Child(ren)	\$9.58
	Employee, Spouse & Child(ren)	\$15.30
Vision - Buy-Up Plan		
	Employee	\$9.23
	Employee & Spouse	\$15.44
	Employee & Child(ren)	\$16.52
	Employee, Spouse & Child(ren)	\$26.40