DEPAUL HR
CONNECTING PEOPLE TO PURPOSE

COBRA Rates for 2024

	2024	2024 Rate	
	Total Monthly Rate	DePaul	COBRA Participant
Blue Edge CDHP			
Single	$ 614.18	$ -	$ 626.46
Single+Spouse	$ 1,381.96	$ -	$ 1,409.60
Single+Children	$ 1,271.38	$ -	$ 1,296.81
Family	$ 1,904.04	$ -	$ 1,942.12
HMO Illinois			
Single	$ 771.86	$ -	$ 787.30
Single+Spouse	$ 1,557.86	$ -	$ 1,589.02
Single+Children	$ 1,418.34	$ -	$ 1,446.71
Family	$ 2,028.46	$ -	$ 2,069.03
Blue Cross Blue Shield PPO			
Single	$ 1,112.52	$ -	$ 1,134.77
Single+Spouse	$ 2,503.16	$ -	$ 2,553.22
Single+Children	$ 2,302.90	$ -	$ 2,348.96
Family	$ 3,448.76	$ -	$ 3,517.74
Dental			
Single	$ 44.18	$ -	$ 45.06
Single+Spouse	$ 97.18	$ -	$ 99.12
Single+Children	$ 91.46	$ -	$ 93.29
Family	$132.56	$ -	$ 135.21
Vision			
Single	$ 9.04	$ -	$ 9.22
Single+Spouse	$ 14.42	$ -	$ 14.71
Single+Children	$ 15.42	$ -	$ 15.73
Family	$ 24.64	$ -	$ 25.13