



COBRA Rate Sheet for 2024
Stanford Health Care - House Staff

Monthly COBRA Rates effective from January 1, 2024 through December 31, 2024

	Aetna PPO*	Kaiser HMO**	Delta Dental PPO Base	Delta Dental PPO Buy Up	DeltaCare HMO	Carelon EAP
Coverage Levels						
Employee Only	\$1,447.71	\$849.52	\$59.07	\$78.27	\$16.30	\$2.23
Employee & Spouse	\$3,172.64	\$1,910.42	\$109.45	\$145.04	\$30.63	\$2.23
Employee & Child(ren)	\$2,607.54	\$1,444.90	\$112.75	\$149.42	\$28.86	\$2.23
Employee, Spouse & Child(ren)	\$4,332.49	\$2,505.81	\$163.18	\$216.27	\$43.99	\$2.23
Spouse Only	\$1,447.71	\$849.52	\$59.07	\$78.27	\$16.30	\$2.23
Spouse & Child(ren)	\$2,607.54	\$1,444.90	\$112.75	\$149.42	\$28.86	\$2.23
One Child Only	\$1,447.71	\$849.52	\$59.07	\$78.27	\$16.30	\$2.23
Children Only	\$2,607.54	\$1,444.90	\$112.75	\$149.42	\$28.86	\$2.23

** Aetna PPO medical rates include prescription drugs through CVS/caremark and mental health/substance abuse benefits, and vision with VSP*

*** Kaiser medical rates include prescription drugs and mental health/substance abuse through Kaiser, and vision with VSP*