

2024-2025 COBRA Continuation Premiums

Plan	Participant Only	Participant & Spouse	Participant & Children	Participant & Family
A&M Care*	\$985.22	\$1,558.54	\$1,383.55	\$1,792.04
A&M Dental PPO	\$30.60	\$61.20	\$64.26	\$97.92
DeltaCare USA Dental HMO	\$21.50	\$38.23	\$38.52	\$59.83
Superior Vision	\$8.53	\$18.07	\$13.97	\$24.93

* The health care premium increases by \$30/month if you or your spouse is a tobacco user.