
*FY 2025 Health and Dental
COBRA Rate Tables*

Effective July 1, 2024
Department of Central Management Services
Group Insurance Division

FY 2025 COBRA Rate Table Description

The amount a person pays for COBRA coverage is 100% of the rate paid for actively working members plus a 2% administrative fee.

DEFINITION OF TYPES OF COVERAGE

Member Only: Single coverage; the member has no dependents covered under his/her health plan.

Member Plus 1 Non-Medicare Dependent: The member is covered and has one dependent enrolled. The dependent is not enrolled in Medicare or the dependent is the State is primary claim payer with Medicare.

Member Plus 2 or More Dependents: This category includes a member with two or more dependents not enrolled in Medicare or the State is primary claim payer with Medicare.

Member Plus 1 Medicare Dependent: The member is covered and has one dependent covered. Medicare is primary claim payer for both Parts A and B for the dependent or the dependent is enrolled in premium free Part A of Medicare, is not purchasing Part B and Part B benefits are being reduced.

Member Plus 2 or More Medicare Dependents: The member is covered and has two or more dependents covered. Medicare is primary claim payer for both Parts A and B for all of the dependents or the dependents are enrolled in premium free Part A of Medicare, not purchasing Part B and Part B benefits are being reduced.

NOTE: The COBRA tables provide monthly rates. In addition, the amount a member pays for dependent coverage is displayed separately, but is included in the 'Total'. This is to assist in answering inquiries from members who need to know how much of the total premium is relative to dependent coverage.

FY 2025 COBRA Monthly Rates

Aetna HMO

Effective July 01, 2024

	Individual	Combined
Employee Only	\$1,373.45	\$1,373.45
Employee Plus 1 Non Medicare Dependent	\$1,152.89	\$2,526.34
Employee Plus 2 or More Dependents	\$1,983.63	\$3,357.08
Employee Plus 1 Medicare Primary Dependent	\$844.27	\$2,217.72
Employee Plus 2 or More Medicare Primary Dependents	\$1,983.63	\$3,357.08
Non-Medicare Retiree Only	\$1,385.45	\$1,385.45
Non-Medicare Retiree Plus 1 Non Medicare Dependent	\$1,152.89	\$2,538.34
Non-Medicare Retiree Plus 2 or More Dependents	\$1,982.98	\$3,368.43
Non-Medicare Retiree Plus 1 Medicare Primary Dependent	\$844.27	\$2,229.72
Non-Medicare Retiree Plus 2 or More Medicare Primary Dependents	\$1,982.98	\$3,368.43
Medicare Retiree Only	\$770.79	\$770.79
Medicare Retiree Plus 1 Non Medicare Dependent	\$1,152.89	\$1,923.68
Medicare Retiree Plus 2 or More Dependents	\$1,982.98	\$2,753.77
Medicare Retiree Plus 1 Medicare Primary Dependent	\$844.27	\$1,615.06
Medicare Retiree Plus 2 or More Medicare Primary Dependents	\$1,982.98	\$2,753.77

FY 2025 COBRA Monthly Rates

Aetna Open Access Plan

Effective July 01, 2024

	Individual	Combined
Employee Only	\$1,244.56	\$1,244.56
Employee Plus 1 Non Medicare Dependent	\$1,029.04	\$2,273.60
Employee Plus 2 or More Dependents	\$1,653.73	\$2,898.29
Employee Plus 1 Medicare Primary Dependent	\$734.50	\$1,979.06
Employee Plus 2 or More Medicare Primary Dependents	\$1,653.73	\$2,898.29
Non-Medicare Retiree Only	\$1,385.45	\$1,385.45
Non-Medicare Retiree Plus 1 Non Medicare Dependent	\$1,029.04	\$2,414.49
Non-Medicare Retiree Plus 2 or More Dependents	\$1,687.13	\$3,072.58
Non-Medicare Retiree Plus 1 Medicare Primary Dependent	\$734.49	\$2,119.94
Non-Medicare Retiree Plus 2 or More Medicare Primary Dependents	\$1,687.13	\$3,072.58
Medicare Retiree Only	\$770.79	\$770.79
Medicare Retiree Plus 1 Non Medicare Dependent	\$1,029.04	\$1,799.83
Medicare Retiree Plus 2 or More Dependents	\$1,687.13	\$2,457.92
Medicare Retiree Plus 1 Medicare Primary Dependent	\$734.49	\$1,505.28
Medicare Retiree Plus 2 or More Medicare Primary Dependents	\$1,687.13	\$2,457.92

FY 2025 COBRA Monthly Rates

BCBS Open Access Plan

Effective July 01, 2024

	Individual	Combined
Employee Only	\$1,188.59	\$1,188.59
Employee Plus 1 Non Medicare Dependent	\$985.61	\$2,174.20
Employee Plus 2 or More Dependents	\$1,605.05	\$2,793.64
Employee Plus 1 Medicare Primary Dependent	\$712.18	\$1,900.77
Employee Plus 2 or More Medicare Primary Dependents	\$1,605.05	\$2,793.64
Non-Medicare Retiree Only	\$1,385.45	\$1,385.45
Non-Medicare Retiree Plus 1 Non Medicare Dependent	\$985.60	\$2,371.05
Non-Medicare Retiree Plus 2 or More Dependents	\$1,625.83	\$3,011.28
Non-Medicare Retiree Plus 1 Medicare Primary Dependent	\$712.17	\$2,097.62
Non-Medicare Retiree Plus 2 or More Medicare Primary Dependents	\$1,625.83	\$3,011.28
Medicare Retiree Only	\$770.79	\$770.79
Medicare Retiree Plus 1 Non Medicare Dependent	\$985.60	\$1,756.39
Medicare Retiree Plus 2 or More Dependents	\$1,625.83	\$2,396.62
Medicare Retiree Plus 1 Medicare Primary Dependent	\$712.17	\$1,482.96
Medicare Retiree Plus 2 or More Medicare Primary Dependents	\$1,625.83	\$2,396.62

FY 2025 COBRA Monthly Rates

BlueAdvantage HMO

Effective July 01, 2024

	Individual	Combined
Employee Only	\$792.54	\$792.54
Employee Plus 1 Non Medicare Dependent	\$664.94	\$1,457.48
Employee Plus 2 or More Dependents	\$1,147.13	\$1,939.67
Employee Plus 1 Medicare Primary Dependent	\$479.01	\$1,271.55
Employee Plus 2 or More Medicare Primary Dependents	\$1,147.13	\$1,939.67
Non-Medicare Retiree Only	\$1,385.45	\$1,385.45
Non-Medicare Retiree Plus 1 Non Medicare Dependent	\$664.94	\$2,050.39
Non-Medicare Retiree Plus 2 or More Dependents	\$1,146.48	\$2,531.93
Non-Medicare Retiree Plus 1 Medicare Primary Dependent	\$479.00	\$1,864.45
Non-Medicare Retiree Plus 2 or More Medicare Primary Dependents	\$1,146.48	\$2,531.93
Medicare Retiree Only	\$770.79	\$770.79
Medicare Retiree Plus 1 Non Medicare Dependent	\$664.94	\$1,435.73
Medicare Retiree Plus 2 or More Dependents	\$1,146.48	\$1,917.27
Medicare Retiree Plus 1 Medicare Primary Dependent	\$479.00	\$1,249.79
Medicare Retiree Plus 2 or More Medicare Primary Dependents	\$1,146.48	\$1,917.27

FY 2025 COBRA Monthly Rates

Health Alliance HMO

Effective July 01, 2024

	Individual	Combined
Employee Only	\$1,428.53	\$1,428.53
Employee Plus 1 Non Medicare Dependent	\$1,199.15	\$2,627.68
Employee Plus 2 or More Dependents	\$2,062.95	\$3,491.48
Employee Plus 1 Medicare Primary Dependent	\$873.47	\$2,302.00
Employee Plus 2 or More Medicare Primary Dependents	\$2,062.95	\$3,491.48
Non-Medicare Retiree Only	\$1,385.45	\$1,385.45
Non-Medicare Retiree Plus 1 Non Medicare Dependent	\$1,199.15	\$2,584.60
Non-Medicare Retiree Plus 2 or More Dependents	\$2,062.30	\$3,447.75
Non-Medicare Retiree Plus 1 Medicare Primary Dependent	\$873.47	\$2,258.92
Non-Medicare Retiree Plus 2 or More Medicare Primary Dependents	\$2,062.30	\$3,447.75
Medicare Retiree Only	\$770.79	\$770.79
Medicare Retiree Plus 1 Non Medicare Dependent	\$1,199.15	\$1,969.94
Medicare Retiree Plus 2 or More Dependents	\$2,062.30	\$2,833.09
Medicare Retiree Plus 1 Medicare Primary Dependent	\$873.47	\$1,644.26
Medicare Retiree Plus 2 or More Medicare Primary Dependents	\$2,062.30	\$2,833.09

FY 2025 COBRA Monthly Rates

HealthLink Open Access Plan

Effective July 01, 2024

	Individual	Combined
Employee Only	\$1,540.12	\$1,540.12
Employee Plus 1 Non Medicare Dependent	\$1,272.49	\$2,812.61
Employee Plus 2 or More Dependents	\$2,029.86	\$3,569.98
Employee Plus 1 Medicare Primary Dependent	\$902.56	\$2,442.68
Employee Plus 2 or More Medicare Primary Dependents	\$2,029.86	\$3,569.98
Non-Medicare Retiree Only	\$1,385.45	\$1,385.45
Non-Medicare Retiree Plus 1 Non Medicare Dependent	\$1,272.49	\$2,657.94
Non-Medicare Retiree Plus 2 or More Dependents	\$2,078.53	\$3,463.98
Non-Medicare Retiree Plus 1 Medicare Primary Dependent	\$902.55	\$2,288.00
Non-Medicare Retiree Plus 2 or More Medicare Primary Dependents	\$2,078.53	\$3,463.98
Medicare Retiree Only	\$770.79	\$770.79
Medicare Retiree Plus 1 Non Medicare Dependent	\$1,272.49	\$2,043.28
Medicare Retiree Plus 2 or More Dependents	\$2,078.53	\$2,849.32
Medicare Retiree Plus 1 Medicare Primary Dependent	\$902.55	\$1,673.34
Medicare Retiree Plus 2 or More Medicare Primary Dependents	\$2,078.53	\$2,849.32

FY 2025 COBRA Monthly Rates

HMO Illinois

Effective July 01, 2024

	Individual	Combined
Employee Only	\$829.48	\$829.48
Employee Plus 1 Non Medicare Dependent	\$695.97	\$1,525.45
Employee Plus 2 or More Dependents	\$1,200.32	\$2,029.80
Employee Plus 1 Medicare Primary Dependent	\$496.90	\$1,326.38
Employee Plus 2 or More Medicare Primary Dependents	\$1,200.32	\$2,029.80
Non-Medicare Retiree Only	\$1,385.45	\$1,385.45
Non-Medicare Retiree Plus 1 Non Medicare Dependent	\$695.97	\$2,081.42
Non-Medicare Retiree Plus 2 or More Dependents	\$1,199.66	\$2,585.11
Non-Medicare Retiree Plus 1 Medicare Primary Dependent	\$496.90	\$1,882.35
Non-Medicare Retiree Plus 2 or More Medicare Primary Dependents	\$1,199.66	\$2,585.11
Medicare Retiree Only	\$770.79	\$770.79
Medicare Retiree Plus 1 Non Medicare Dependent	\$695.97	\$1,466.76
Medicare Retiree Plus 2 or More Dependents	\$1,199.66	\$1,970.45
Medicare Retiree Plus 1 Medicare Primary Dependent	\$496.90	\$1,267.69
Medicare Retiree Plus 2 or More Medicare Primary Dependents	\$1,199.66	\$1,970.45

FY 2025 COBRA Monthly Rates

Quality Care Health Plan

Effective July 01, 2024

	Individual	Combined
Employee Only	\$1,259.35	\$1,259.35
Employee Plus 1 Non Medicare Dependent	\$1,549.20	\$2,808.55
Employee Plus 2 or More Dependents	\$1,851.54	\$3,110.89
Employee Plus 1 Medicare Primary Dependent	\$1,868.52	\$3,127.87
Employee Plus 2 or More Medicare Primary Dependents	\$1,851.54	\$3,110.89
Non-Medicare Retiree Only	\$1,427.91	\$1,427.91
Non-Medicare Retiree Plus 1 Non Medicare Dependent	\$1,549.19	\$2,977.10
Non-Medicare Retiree Plus 2 or More Dependents	\$1,850.91	\$3,278.82
Non-Medicare Retiree Plus 1 Medicare Primary Dependent	\$1,868.51	\$3,296.42
Non-Medicare Retiree Plus 2 or More Medicare Primary Dependents	\$1,850.91	\$3,278.82
Medicare Retiree Only	\$576.35	\$576.35
Medicare Retiree Plus 1 Non Medicare Dependent	\$1,549.19	\$2,125.54
Medicare Retiree Plus 2 or More Dependents	\$1,850.91	\$2,427.26
Medicare Retiree Plus 1 Medicare Primary Dependent	\$1,868.51	\$2,444.86
Medicare Retiree Plus 2 or More Medicare Primary Dependents	\$1,850.91	\$2,427.26

FY 2025 COBRA Monthly Rates

Consumer Driven Health Plan

Effective July 01, 2024

	Individual	Combined
Employee Only	\$926.94	\$926.94
Employee Plus 1 Non Medicare Dependent	\$771.94	\$1,698.88
Employee Plus 2 or More Dependents	\$1,261.66	\$2,188.60
Employee Plus 1 Medicare Primary Dependent	\$587.87	\$1,514.81
Employee Plus 2 or More Medicare Primary Dependents	\$1,261.66	\$2,188.60

FY 2025 COBRA Monthly Rates

Quality Care Dental Plan

Effective July 01, 2024

	Individual	Combined
Employee Only	\$33.17	\$33.17
Employee Plus 1 Non Medicare Dependent	\$29.07	\$62.24
Employee Plus 2 or More Dependents	\$73.60	\$106.77
Retiree Only	\$42.64	\$42.64
Retiree Plus 1 Non Medicare Dependent	\$41.74	\$84.38
Retiree Plus 2 or More Dependents	\$71.42	\$114.06