



Anne Arundel County Public Schools

COBRA Rates

Effective January 1, 2024

Healthcare Options		102% COBRA Monthly
BCBS PPN	Individual	\$850.00
	Parent/Child	\$1563.57
	EE+Spouse	\$2035.46
	Family	\$2434.71
BlueChoice Triple Option	Individual	\$752.28
	Parent/Child	\$1379.24
	EE+Spouse	\$1796.39
	Family	\$2154.79
BlueChoice HMO	Individual	\$606.99
	Parent/Child	\$948.64
	EE+Spouse	\$1461.85
	Family	\$1753.34
BCBS Trad Dental	Individual	\$36.47
	Parent/Child	\$59.81
	EE+Spouse	\$75.51
	Family	\$114.19
BCBS Dental PPO	Individual	\$34.10
	Parent/Child	\$55.90
	EE+Spouse	\$70.54
	Family	\$106.71
Dental HMO	Individual	\$17.33
	Parent/Child	\$28.89
	EE+Spouse	\$34.66
	Family	\$46.22
BCBS Select Vision	Individual	\$3.34
	Parent/Child	\$4.67
	EE+Spouse	\$6.70
	Family	\$8.00