



2025 COBRA Monthly Rate Sheet

UMR Health Plans COBRA Insurance Coverage Options		
Coverage Type	HSA-Compatible Plan	Copay Plan
Employee or Qualified Beneficiary Only*	\$1,000.19	\$1,041.61
Employee & Spouse	\$2,049.78	\$2,187.38
Employee & Child(ren)	\$1,894.87	\$2,018.27
Employee & Family	\$3,124.41	\$3,360.49
Spouse Only	\$1,000.19	\$1,041.61
Child(ren) Only	\$1,000.19	\$1,041.61
Spouse & Child(ren)	\$1,894.87	\$2,018.27

MetLife Dental COBRA Insurance Coverage Options		
Coverage Type	Low Plan	High Plan
Employee or Qualified Beneficiary Only*	\$35.91	\$50.36
Employee & Spouse	\$53.23	\$75.10
Employee & Child(ren)	\$62.35	\$87.96
Employee & Family	\$83.50	\$117.79
Spouse Only	\$35.91	\$50.36
Child(ren) Only	\$35.91	\$50.36
Spouse & Child(ren)	\$62.35	\$87.96

Superior Vision COBRA Coverage Options	
Employee or Qualified Beneficiary Only*	\$7.54
Employee & Spouse	\$14.94
Employee & Child(ren)	\$14.66
Employee & Family	\$22.29
Spouse Only	\$7.54
Child(ren) Only	\$7.54
Spouse & Child(ren)	\$14.66

*A qualified beneficiary is an individual who was covered by a group health plan on the day before a qualifying event occurred and who is an employee, the employee's spouse or former spouse, or the employee's dependent child.