

Veolia North America – Hawaii

2024 Monthly COBRA Premiums

Federal law requires that most group health plans (including our plan) give employees and their families the opportunity to continue their health care coverage when there is a qualifying event that results in a loss of coverage under an employer's plan. The following rates reflect the monthly cost of continuing coverage.

COBRA Months 1 – 18				
	Your Monthly COBRA Premium			
	Employee Only	Employee + 1 Dependent	Family	
Medical – HMSA				
Preferred Provider Plan (PPO)	\$605.55	\$1,211.11	\$1,816.66	
Health Plan Plus	\$596.90	\$1,193.81	\$1,790.71	
CompMed	\$589.76	\$1,179.53	\$1,769.29	
COBRA Months 1 – 18				
	Your Monthly COBRA Premium			
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Dental – Delta Dental of Illinois	\$35.72	\$74.46	\$70.81	\$100.96
Vision – VSP				
Core Plan	\$6.71	\$13.41	\$14.37	\$22.81
Buy-Up Plan	\$14.87	\$29.71	\$31.80	\$50.48

Disability COBRA Months 19 – 29				
	Your Monthly COBRA Premium			
	Employee Only	Employee + 1 Dependent	Family	
Medical – HMSA				
Preferred Provider Plan (PPO)	\$908.33	\$1,816.66	\$2,724.99	
Health Plan Plus	\$895.36	\$1,790.71	\$2,686.07	
CompMed	\$884.65	\$1,769.29	\$2,653.94	
Disability COBRA Months 19 – 29				
	Your Monthly COBRA Premium			
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Dental – Delta Dental of Illinois	\$53.58	\$111.69	\$106.21	\$151.44
Vision – VSP				
Core Plan	\$10.07	\$20.12	\$21.56	\$34.21
Buy-Up Plan	\$22.31	\$44.57	\$47.71	\$75.72

Benefits are subject to the terms and conditions of the underlying plan documents. Veolia North America reserves the right to modify or discontinue any benefit plan, program, policy, or change the eligibility requirements for participation at any time.