

**Veolia North America**  
**2024 Monthly COBRA Premiums**  
**Gum Springs Union**

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.

<b>COBRA Months 1 – 18</b>				
	<b>Your Monthly COBRA Premium</b>			
	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Child(ren)</b>	<b>Employee + Family</b>
<b>Medical – Gum Springs PPO</b>	\$1,034.69	\$2,410.84	\$2,410.84	\$2,410.84
<b>Dental – Delta Dental of Illinois</b>	\$43.61	\$101.58	\$101.58	\$101.58
<b>Vision – VSP</b>	\$5.27	\$10.53	\$11.27	\$18.01

<b>Disability COBRA Months 19 – 29</b>				
	<b>Your Monthly COBRA Premium</b>			
	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Child(ren)</b>	<b>Employee + Family</b>
<b>Medical – Gum Springs PPO</b>	\$1,552.03	\$3,616.26	\$3,616.26	\$3,616.26
<b>Dental – Delta Dental of Illinois</b>	\$65.41	\$152.37	\$152.37	\$152.37
<b>Vision – VSP</b>	\$7.91	\$15.79	\$16.91	\$27.02

*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.*