

DARTMOUTH COLLEGE

COBRA PARTICIPANT RATES 2024

MEDICAL INSURANCE

MONTHLY	SINGLE	PARENT + CHILD(REN)	EMPLOYEE + SPOUSE	FAMILY
Cigna Open Access Plus Plan \$600 Deductible Plan	\$955.47	\$1,624.31	\$2,102.06	\$2,886.42
Cigna Choice Fund Plan \$1,600 Deductible Plan	\$888.59	\$1,510.41	\$1,954.41	\$2,665.52
Cigna High Deductible Health Plan \$3,200 Deductible Plan	\$791.15	\$1,345.02	\$1,740.62	\$2,373.51

DENTAL INSURANCE

MONTHLY	SINGLE	TWO PERSON	FAMILY
Delta Dental - Low Plan	\$36.64	\$65.22	\$112.13
Delta Dental - High Plan	\$67.49	\$120.14	\$206.53

VISION INSURANCE

MONTHLY	SINGLE	PARENT + CHILD(REN)	EMPLOYEE + SPOUSE	FAMILY
VSP Vision Plan	\$9.66	\$19.32	\$18.35	\$28.39

FLEXIBLE SPENDING

Health Care Flexible Spending Account benefits are also available through COBRA