

MODINE 2025 COBRA RATES



	<u>2025 Monthly Rate</u>	<u>2025 Monthly COBRA*</u>
Anthem Blue PPO Plan 1		
EE	\$585.47	\$597.18
EE+Sp	\$1,287.99	\$1,313.75
EE+Child(ren)	\$1,053.83	\$1,074.91
Family	\$1,873.44	\$1,910.91
Anthem Blue PPO Plan 2		
EE	\$618.19	\$630.55
EE+Sp	\$1,360.03	\$1,387.23
EE+Child(ren)	\$1,112.74	\$1,134.99
Family	\$1,978.19	\$2,017.75
Anthem Blue HDHP 3		
EE	\$562.12	\$573.36
EE+Sp	\$1,237.08	\$1,261.82
EE+Child(ren)	\$1,011.34	\$1,031.57
Family	\$1,801.43	\$1,837.46
Delta Dental - Basic Plan		
EE	\$20.48	\$20.89
EE+Sp	\$46.79	\$47.73
EE+Child(ren)	\$44.35	\$45.24
Family	\$77.65	\$79.20
Delta Dental - Premium Plan		
EE	\$26.24	\$26.76
EE+Sp	\$59.94	\$61.14
EE+Child(ren)	\$56.82	\$57.96
Family	\$99.47	\$101.46
NVA - Basic Plan		
EE	\$7.24	\$7.38
EE+Sp	\$10.52	\$10.73
EE+Child(ren)	\$12.80	\$13.06
Family	\$19.20	\$19.58
NVA - Premium Plan		
EE	\$11.05	\$11.27
EE+Sp	\$16.05	\$16.37
EE+Child(ren)	\$19.53	\$19.92
Family	\$29.30	\$29.89
Anthem EAP		
Employee Assistance Program	\$1.82	\$1.86

*COBRA = 102%. If elected, you and/or your eligible dependent(s) will pay the amount previously paid by the company and the employee plus a 2% administrative fee.