

MODINE 2024 COBRA RATES



	<u>2024 Monthly Rate</u>	<u>2024 Monthly COBRA*</u>
Anthem Blue PPO Plan 1		
EE	\$554.72	\$565.81
EE+Sp	\$1,220.36	\$1,244.77
EE+Child(ren)	\$998.49	\$1,018.46
Family	\$1,775.07	\$1,810.57
Anthem Blue PPO Plan 2		
EE	\$585.73	\$597.44
EE+Sp	\$1,288.62	\$1,314.39
EE+Child(ren)	\$1,054.31	\$1,075.40
Family	\$1,874.31	\$1,911.80
Anthem Blue HDHP 3		
EE	\$536.10	\$546.82
EE+Sp	\$1,179.12	\$1,202.70
EE+Child(ren)	\$965.24	\$984.54
Family	\$1,713.83	\$1,748.11
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
Employee Assistance Program		
ComPsych Guidance Resources	\$1.50	\$1.53

*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.