

2024 Wellesley College COBRA Rates

COBRA Medical

Your COBRA Medical Plan contributions are paid on a monthly basis.			
Coverage for	HMO	PPO Plus	PPO (closed)
Yourself only	\$1,000.45	\$849.09	\$1,591.49
You and your spouse or 1 child	\$2,351.06	\$1,995.36	\$3,739.99
You and your family	\$2,851.29	\$2,419.90	\$4,535.74

COBRA Vision

Your COBRA Vision Plan contributions are paid on a monthly basis.	
Coverage for	Vision Plan
Yourself only	\$6.30
You and your spouse	\$11.99
You and your child(ren)	\$12.62
You and your family	\$18.54

COBRA Dental

Your COBRA Dental Plan contributions are paid on a monthly basis.		
Coverage for	PPO Plus Premier	Delta Care
Yourself only	\$53.31	\$38.40
You and your spouse or 1 child	\$106.61	\$71.95
You and your family	\$158.91	\$108.33