



## 2023 COBRA HEALTH PLAN PREMIUMS

For Plan Year Effective:

January 1, 2023 through December 31, 2023

|   | Florida Blue Plans (PPO) |                       | Florida Health Care Plans (HMO) |            |
|---|--------------------------|-----------------------|---------------------------------|------------|
|   | Blue Options<br>03359    | Blue Options<br>05774 | FHCP-TS3                        | FHCP-TS4   |
| COBRA Participant Only                  | \$698.70                 | \$637.50              | \$678.02                        | \$640.56   |
| COBRA Participant & Spouse              | \$1,467.78               | \$1,339.26            | \$1,421.88                      | \$1,344.36 |
| COBRA Participant + Child(ren) Only     | \$1,257.66               | \$1,147.50            | \$1,218.90                      | \$1,152.60 |
| COBRA Participant + Spouse + Child(ren) | \$2,026.74               | \$1,849.26            | \$1,964.52                      | \$1,856.40 |

|   | Delta Dental PPO<br>Option 1 | Delta Dental PPO<br>Option 2 | Delta Care HMO<br>Option 3 |
|---|------------------------------|------------------------------|----------------------------|
|   | COBRA Participant Only       | \$25.36                      | \$30.31                    |
| COBRA Participant & Spouse              | \$53.24                      | \$63.67                      | \$22.64                    |
| COBRA Participant + Child(ren) Only     | \$53.75                      | \$64.28                      | \$27.19                    |
| COBRA Participant + Spouse + Child(ren) | \$89.13                      | \$106.58                     | \$38.17                    |

|   | VSP Vision |
|---|------------|
| COBRA Participant Only                  | \$5.68     |
| COBRA Participant & Spouse              | \$11.39    |
| COBRA Participant + Child(ren) Only     | \$11.72    |
| COBRA Participant + Spouse + Child(ren) | \$16.23    |