

COBRA Rates 2025 - IBEW

Company Facilities	Plan Name	2024 Monthly COBRA Rate Single Coverage
All sites	NYPA PLAN (UHC)	\$1,057.53
BG, CEC, STL	CDPHP	\$1,229.93
NIA	Independent Health	\$1,038.34
All sites	Dental	\$51.91
All sites	Core Vision - Employee Only	\$8.50
All sites	Optional Vision - Employee Only	\$12.75
All sites	Health Reimbursement Account (For Hearing Aids) - Employee Only	\$28.33
All sites	Employee Assistance Program	\$1.75
Company Facilities	Plan Name	2024 Monthly COBRA Rate Family Coverage
All sites	NYPA Plan (UHC)	\$2,581.92
BG, CEC, STL	CDPHP	\$2,864.01
NIA	Independent Health	\$2,595.85
All sites	Optional Vision - Family	\$29.34
All sites	Dental	\$118.77
All sites	Employee Assistance Program	\$1.75

All rates

include a 2% administrative fee