

COBRA Rates 2025 - UWUA

Company Facilities	Plan Name	2024 Monthly COBRA Rate Single Coverage
ZEL	PPO Plan	\$1,213.55
ZEL	Choice Plan	\$1,151.31
All sites	Dental	\$57.68
All sites	Core Vision - Employee Only	\$8.50
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
ZEL	PPO Plan	\$3,061.67
ZEL	Choice Plan	\$2,878.83
All sites	Dental	\$127.48
All sites	Employee Assistance Program	\$1.75

All rates include a 2% administrative fee