

COBRA Monthly Rates

Regular

GHI-CBP Program			All Other Programs			Waiver		
	Indiv	Family		Indiv	Family		Indiv	Family
Core	\$57.67	\$155.74	Core	\$53.64	\$144.85	Core	\$4.69	\$12.68
Full - Guardian	\$75.03	\$202.62	Full - Guardian]	\$71.00	\$191.73	Full - Guardian	\$20.61	\$55.66
Full - Delta	\$78.87	\$203.63	Full - Delta	\$74.84	\$192.74	Full - Delta	\$24.45	\$56.67

“Core” coverage includes prescription drug and hearing benefits.

“Full” coverage adds dental and optical benefits.