

# University of Alaska

## Fiscal Year 2024 Monthly COBRA Rates Effective 7/1/2023

Tier	HDHP w/Optional HSA
Employee	\$894.86
Employee + Spouse	\$1,789.72
Employee + 1 or more Child(ren)	\$1,555.42
Employee + Family	\$2,505.61

Tier	Basic Medical
Employee	\$980.93
Employee + Spouse	\$1,961.86
Employee + 1 or more Child(ren)	\$1,705.02
Employee + Family	\$2,746.60

Tier	Premium Medical
Employee	\$1,071.20
Employee + Spouse	\$2,142.41
Employee + 1 or more Child(ren)	\$1,861.93
Employee + Family	\$2,999.37

Tier	Basic Dental
Employee	\$54.92
Employee + Spouse	\$109.93
Employee + 1 or more Child(ren)	\$117.61
Employee + Family	\$187.99

Tier	Premium Dental
Employee	\$65.50
Employee + Spouse	\$131.10
Employee + 1 or more Child(ren)	\$140.27
Employee + Family	\$224.20

Tier	Vision
Employee	\$7.00
Employee + Spouse	\$14.00
Employee + 1 or more Child(ren)	\$14.98
Employee + Family	\$23.95