



WellSpan Health – Monthly COBRA Rates Effective – January 1, 2024

2024 Medical Insurance			
	WellSpan Plus	WellSpan Standard	WellSpan HDHP
Employee Only	\$1,156.03	\$1,047.79	\$960.11
Employee + Child(ren)	\$2,608.64	\$2,366.18	\$2,164.85
Employee + Spouse	\$2,290.41	\$2,077.17	\$1,899.65
Family	\$2,805.64	\$2,545.86	\$2,328.29

2024 Dental Insurance		
	Delta Dental	WellSpan Population Health Dental
Employee Only	\$28.60	\$45.39
Employee + Child(ren)	\$57.20	\$90.77
Employee + Spouse	\$65.78	\$97.58
Family	\$92.95	\$129.35

2024 Vision Insurance		
	Vision Benefits of America (VBA) - Standard	Vision Benefits of America (VBA) - Buy Up
Employee Only	\$5.80	\$9.28
Employee + Child(ren)	\$13.64	\$24.11
Employee + Spouse	\$13.64	\$24.11
Family	\$13.64	\$24.11