

2024 Monthly COBRA Rates for ATC and HUPA Unions

Plan Name	Individual	Individual + Spouse/Domestic Partner	Individual + Child(ren)	Family
HUGHP HMO	\$821.10	\$2,107.32	\$2,037.96	\$2,266.44
HUGHP POS	\$862.92	\$2,214.42	\$2,140.98	\$2,382.72
BCBSMA HMO	\$844.56	\$2,168.52	\$2,097.12	\$2,332.74
BCBSMA POS	\$886.38	\$2,275.62	\$2,200.14	\$2,448.00
BCBSMA PPO	\$886.38	\$2,275.62	\$2,200.14	\$2,448.00
MetLife Dental	\$46.61	\$124.36	\$120.13	\$129.58
EyeMed Vision	\$6.15	\$15.01	\$13.97	\$17.42

2024 Layoff and COBRA Rates for ATC and HUPA Unions

(Layoff rates during first 12 months, COBRA rates thereafter)

Individual Coverage	Layoff Rates Based on full time equivalent salary				COBRA Rates
	<\$60k	\$60K - \$79,999	\$80k - \$109,999	\$110k and above	102%
HUGHP HMO	\$153.00	\$177.00	\$238.50	\$298.50	\$821.10
HUGHP POS	\$214.50	\$238.50	\$300.00	\$360.00	\$862.92
BCBSMA HMO	\$187.50	\$211.50	\$273.00	\$333.00	\$844.56
BCBSMA POS	\$249.00	\$273.00	\$334.50	\$394.50	\$886.38
BCBSMA PPO	\$249.00	\$273.00	\$334.50	\$394.50	\$886.38
MetLife Dental	\$25.50	\$25.50	\$25.50	\$25.50	\$46.61
EyeMed Vision	\$6.03	\$6.03	\$6.03	\$6.03	\$6.15

Individual + Spouse/Domestic	Layoff Rates Based on full time equivalent salary				COBRA Rates
Partner	<\$60k	\$60K - \$79,999	\$80k – \$109,999	\$110k and above	102%
HUGHP HMO	\$393.00	\$456.00	\$610.50	\$765.00	\$2,107.32
HUGHP POS	\$214.50	\$238.50	\$300.00	\$360.00	\$2,214.42
BCBSMA HMO	\$187.50	\$211.50	\$273.00	\$333.00	\$2,168.52
BCBSMA POS	\$249.00	\$273.00	\$334.50	\$394.50	\$2,275.62
BCBSMA PPO	\$249.00	\$273.00	\$334.50	\$394.50	\$2,275.62
MetLife Dental	\$69.00	\$69.00	\$69.00	\$69.00	\$124.36
EyeMed Vision	\$14.72	\$14.72	\$14.72	\$14.72	\$15.01

2024 Layoff and COBRA Rates for ATC and HUPA Unions

(Layoff rates during first 12 months, COBRA rates thereafter)

Individual + Child(ren)	Layoff Rates Based on full time equivalent salary				COBRA Rates
	<\$60k	\$60K - \$79,999	\$80k – \$109,999	\$110k and above	102%
HUGHP HMO	\$381.00	\$441.00	\$589.50	\$739.50	\$2,037.96
HUGHP POS	\$532.50	\$592.50	\$741.00	\$891.00	\$2,140.98
BCBSMA HMO	\$468.00	\$528.00	\$676.50	\$826.50	\$2,097.12
BCBSMA POS	\$619.50	\$679.50	\$828.00	\$978.00	\$2,200.14
BCBSMA PPO	\$619.50	\$679.50	\$828.00	\$978.00	\$2,200.14
MetLife Dental	\$67.50	\$67.50	\$67.50	\$67.50	\$120.13
EyeMed Vision	\$13.70	\$13.70	\$13.70	\$13.70	\$13.97

Family Coverage	Layoff Rates Based on full time equivalent salary				COBRA Rates
	<\$60k	\$60K - \$79,999	\$80k – \$109,999	\$110k and above	102%
HUGHP HMO	\$423.00	\$489.00	\$657.00	\$823.50	\$2,266.44
HUGHP POS	\$594.00	\$660.00	\$828.00	\$994.50	\$2,382.72
BCBSMA HMO	\$520.50	\$586.50	\$754.50	\$921.00	\$2,332.74
BCBSMA POS	\$690.00	\$756.00	\$924.00	\$1,090.50	\$2,448.00
BCBSMA PPO	\$690.00	\$756.00	\$924.00	\$1,090.50	\$2,448.00
MetLife Dental	\$72.00	\$72.00	\$72.00	\$72.00	\$129.58
EyeMed Vision	\$17.08	\$17.08	\$17.08	\$17.08	\$17.42

2024 Survivor and COBRA Rates for ATC and HUPA Unions

(Employee rates during first 9 months, COBRA rate for remaining 27 months)

Individual Coverage	Employee Rates Based on full time equivalent salary				COBRA Rates
	<\$60k	\$60K - \$79,999	\$80k – \$109,999	\$110k and above	102%
HUGHP HMO	\$102	\$118	\$159	\$199	\$821.10
HUGHP POS	\$143	\$159	\$200	\$240	\$862.92
BCBSMA HMO	\$125	\$141	\$182	\$222	\$844.56
BCBSMA POS	\$166	\$182	\$233	\$263	\$886.38
BCBSMA PPO	\$166	\$182	\$233	\$263	\$886.38
MetLife Dental	\$17	\$17	\$17	\$17	\$46.61
EyeMed Vision	\$6.03	\$6.03	\$6.03	\$6.03	\$6.15

Individual + Spouse/Domestic	Employee Rates Based on full time equivalent salary				COBRA Rates
Partner	<\$60k	\$60K - \$79,999	\$80k – \$109,999	\$110k and above	102%
HUGHP HMO	\$262	\$304	\$407	\$510	\$2,107.32
HUGHP POS	\$367	\$409	\$512	\$615	\$2,214.42
BCBSMA HMO	\$322	\$364	\$467	\$570	\$2,168.52
BCBSMA POS	\$427	\$469	\$572	\$675	\$2,275.62
BCBSMA PPO	\$427	\$469	\$572	\$675	\$2,275.62
MetLife Dental	\$46	\$46	\$46	\$46	\$124.36
EyeMed Vision	\$14.72	\$14.72	\$14.72	\$14.72	\$15.01

2024 Survivor and COBRA Rates for ATC and HUPA Unions

(Employee rates during first 9 months, COBRA rate for remaining 27 months)

Individual + Child(ren)	Employee Rates Based on full time equivalent salary				COBRA Rates
	<\$60k	\$60K - \$79,999	\$80k – \$109,999	\$110k and above	102%
HUGHP HMO	\$254	\$294	\$393	\$493	\$2,037.96
HUGHP POS	\$355	\$395	\$494	\$594	\$2,140.98
BCBSMA HMO	\$312	\$352	\$467	\$551	\$2,097.12
BCBSMA POS	\$413	\$453	\$552	\$652	\$2,200.14
BCBSMA PPO	\$413	\$453	\$552	\$652	\$2,200.14
MetLife Dental	\$45	\$45	\$45	\$45	\$120.13
EyeMed Vision	\$13.70	\$13.70	\$13.70	\$13.70	\$13.97

Family Coverage	Employee Rates Based on full time equivalent salary				COBRA Rates
	<\$60k	\$60K - \$79,999	\$80k - \$109,999	\$110k and above	102%
HUGHP HMO	\$282	\$326	\$438	\$549	\$2,266.44
HUGHP POS	\$396	\$440	\$552	\$663	\$2,382.72
BCBSMA HMO	\$347	\$391	\$503	\$614	\$2,332.74
BCBSMA POS	\$460	\$504	\$616	\$727	\$2,448.00
BCBSMA PPO	\$460	\$504	\$616	\$727	\$2,448.00
MetLife Dental	\$48	\$48	\$48	\$48	\$129.58
EyeMed Vision	\$17.08	\$17.08	\$17.08	\$17.08	\$17.42