

# 2024 Monthly COBRA Rates for SEIU Custodian Union

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 SEIU Custodian Union

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

Individual Coverage	<b>Layoff Rates</b> Based on full time equivalent salary				COBRA Rates
	<\$60k	\$60K - \$79,999	\$80k – \$99,999	\$100k 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		COBRA Rates			
Partner	<\$60k	\$60K - \$79,999	\$80k – \$99,999	\$100k and above	102%
HUGHP HMO	\$393.00	\$456.00	\$610.50	\$765.00	\$2,107.32
HUGHP POS	\$550.50	\$613.50	\$768.00	\$922.50	\$2,214.42
BCBSMA HMO	\$483.00	\$546.00	\$700.50	\$855.00	\$2,168.52
BCBSMA POS	\$640.50	\$703.50	\$858.00	\$1,012.50	\$2,275.62
BCBSMA PPO	\$640.50	\$703.50	\$858.00	\$1,012.50	\$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 SEIU Custodian Union

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

Individual + Child(ren)	<b>Layoff Rates</b> Based on full time equivalent salary				COBRA Rates
	<\$60k	\$60K - \$79,999	\$80k – \$99,999	\$100k 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	<b>Layoff Rates</b> Based on full time equivalent salary				COBRA Rates
	<\$60k	\$60K - \$79,999	\$80k – \$99,999	\$100k 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 SEIU Custodian Union

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

Individual Coverage	<b>Employee Rates</b> Based on full time equivalent salary				COBRA Rates
	<\$60k	\$60K - \$79,999	\$80k – \$99,999	\$100k 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	\$223	\$263	\$886.38
BCBSMA PPO	\$166	\$182	\$223	\$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		•	loyee Rates time equivalent sa	COBRA Rates	
Partner	<\$60k	\$60K - \$79,999	\$80k – \$99,999	\$100k 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 SEIU Custodian Union

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

Individual + Child(ren)	<b>Employee Rates</b> Based on full time equivalent salary				COBRA Rates
	<\$60k	\$60K - \$79,999	\$80k – \$99,999	\$100k 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	\$451	\$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 – \$99,999	\$100k 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