

Pennsbury School District

**COBRA CONTINUATION OF COVERAGE RATES –
September 1, 2024- to June 30, 2025
Monthly Coverage Cost**

	Single	Employee/ Spouse	P/Child	P/Children	Family
PPO 20/40 RX 15/40/70/75	\$765.32	\$1,764.81	\$1,177.81	\$1,668.38	\$2,266.86
PPO 10/20 RX 15/30/50	\$805.88	\$1,858.36	\$1,240.25	\$1,756.82	\$2,387.01
QPOS 30/40 RX 15/40/70/75 Primary Care Physician #	\$718.59	\$1,657.07	\$1,105.90	\$1,566.53	\$2,128.45
UCCI Dental Flex Plan (PPO)	\$23.02	\$63.30	\$63.30	\$63.30	\$63.30
UCCI Dental Plus Plan (DHMO)	\$18.56	\$53.42	\$53.42	\$53.42	\$53.42
Delta Dental Premier Plan	\$32.23	\$85.40	\$85.40	\$85.40	\$85.40
Total Monthly Cost:	\$	\$	\$	\$	\$