

**Pennsbury School District**

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

	<b>Single</b>	<b>Employee/ Spouse</b>	<b>P/Child</b>	<b>P/Children</b>	<b>Family</b>
<b>PPO 20/40 RX 15/40/70/75</b>	\$799.68	\$1,844.64	\$1,232.22	\$1,743.61	\$2,369.95
<b>PPO 10/20 RX 15/30/50</b>	\$888.91	\$2,050.09	\$1,368.01	\$1,937.78	\$2,632.57
<b>QPOS 30/40 Primary Care Physician #</b>	\$689.65	\$1,591.31	\$1,065.03	\$1,504.13	\$2,046.34
<b>UCCI Dental Flex Plan (PPO)</b>	\$23.02	\$63.30	\$63.30	\$63.30	\$63.30
<b>UCCI Dental Plus Plan (DHMO)</b>	\$18.56	\$53.42	\$53.42	\$53.42	\$53.42
<b>Delta Dental Premier Plan</b>	\$32.23	\$85.40	\$85.40	\$85.40	\$85.40
<b>Total Monthly Cost:</b>	\$	\$	\$	\$	\$