## COBRA RATE CHART FOR FORMER STATE OF RHODE ISLAND EMPLOYEES AND DEPENDENTS

Monthly Rates Effective January 1, 2024 to December 31, 2024

	INDIVIDUAL	<b>FAMILY</b>
Anchor Choice with HSA Plan	\$784.50	\$2,199.31
Anchor Plan	\$790.19	\$2,215.30
Anchor Plus Plan	\$845.47	\$2,370.25
Anchor Dental	\$34.98	\$90.58
Anchor Dental Plus	\$39.22	\$101.61
Anchor Dental Platinum	\$45.25	\$117.19
Anchor Vision	\$5.48	\$15.13
Anchor Vision Plus	\$7.84	\$21.63