

# 2024 Health Care Plan Comparison and Rates

PLAN FEATURE	EMPIRE BLUE CROSS TRADITIONAL PPO	EMPIRE BLUE CROSS DEDUCTIBLE PPO <sup>1</sup>	CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN (CDPHP)	INDEPENDENT HEALTH ASSOCIATION (IHA)	MVP
<b>MONTHLY RATES COBRA</b>					
Individual	\$1,381.92	\$1,262.31	\$1,081.27	\$957.59	\$1,069.27
Individual + Spouse/ Domestic Partner	\$2,858.76	\$2,619.47	\$2,270.66	\$2,298.21	\$2,550.15
Individual + Child(ren)	\$2,455.53	\$2,240.23	\$2,054.41	\$1,723.66	\$2,061.60
Family	\$4,137.78	\$3,779.30	\$3,027.55	\$2,681.24	\$2,799.80

## 2024 Dental and Vision Plan Rates

COVERAGE LEVEL	DENTAL PLAN MONTHLY RATE	REGULAR VISION PLAN MONTHLY RATE	VISION PLAN PLUS MONTHLY RATE
Individual	\$35.22	\$4.34	\$15.05
Family	\$83.27	\$10.30	\$35.29