

2024 COBRA Rates and Vendor Contact Information

2024 Medical Monthly Contributions

Coverage Tier	HRA	HSA
Employee Only	\$838.16	\$703.73
Employee + Spouse	\$1,927.77	\$1,618.58
Employee + Child(ren)	\$1,567.36	\$1,315.98
Family	\$2,656.97	\$2,230.83

2024 Dental Monthly Contributions

Coverage Tier	Basic	Enhanced
Employee Only	\$34.40	\$56.40
Employee + Spouse	\$73.96	\$121.24
Employee + Child(ren)	\$67.08	\$109.97
Family	\$104.92	\$172.00

2024 Vision Monthly Contributions

Coverage Tier	Contribution Amount
Employee Only	\$9.19
Employee + Spouse	\$18.26
Employee + Child(ren)	\$20.08
Family	\$28.03

If you are a former employee with subsidized COBRA you can find the active employee rates that apply to you by going to <https://benefits.intactspecialty.com/> or you can logon to Wex to see what your 2024 rates will be.

Coverage	Contact Information
COBRA Enrollment	Benefit Express/Wex: Monday–Friday 7:30 a.m. – 6:00 p.m. CST 833-393-0375 www.myintactUSAbenefits.com
Medical / Pharmacy	Blue Cross Blue Shield / Prime Therapeutics 866.873.5943 www.bluecrossmn.com
HRA, HSA, or FSA	Further 800.859.2144 www.hellofurther.com
Dental	Delta Dental 800.448.3815 www.deltadentalmn.org
Vision	EyeMed 866.723.0513 www.eyemedvisioncare.com