

**PENNSYLVANIA'S STATE SYSTEM OF HIGHER EDUCATION
GROUP HEALTH COBRA PROGRAM
July 1, 2024 to June 30, 2025 COBRA RATES**

The chart below provides *monthly* COBRA rates for the plans that may be available to former employees and/or their dependents. These rates include the 2% administrative fee and apply to COBRA subscribers previously employed in an employee group listed below or their dependents who are enrolled for coverage effective July 1, 2024.

HIGHMARK PPO RATES w/ PRESCRIPTION

| Employee Group | Individual | Two-party | Multi-party |
|---|------------|------------|-------------|
| Faculty and Coaches (APSCUF) | \$841.47 | \$1,865.54 | \$2,286.27 |
| Nonrepresented, Nurses (OPEIU), Security / Police (POA/SPFPA) | \$829.36 | \$1,838.68 | \$2,253.35 |

UPMC HMO RATES w/ PRESCRIPTION

| Employee Group | Individual | Two-party | Multi-party |
|------------------------------|------------|------------|-------------|
| Faculty and Coaches (APSCUF) | \$863.91 | \$1,913.88 | \$2,345.83 |

Note: HMO coverage is not available to residents outside of Pennsylvania.

SUPPLEMENTAL BENEFITS RATES (UCCI Dental and NVA Vision)

| Employee Group | Individual | Two-party | Multi-party |
|--|------------|-----------|-------------|
| Nonrepresented, Nurses (OPEIU), Security / Police (/POA/SPFPA), and Coaches (APSCUF) | \$42.40 | \$84.77 | \$101.63 |