Chugach Alaska Corporation
COBRA Rates
January 1, 2025 through December 31, 2025

With 2% Administration Fee

Monthly Rates	Dental/Vision
Employee Only	56.19
Spouse Only	56.19
Child Only	56.19
2 Children Only	112.38
Each Additional Child	56.19
Spouse & Child Only	119.03
Spouse & Children Only	119.03
Employee & Spouse	118.76
Employee & Child	119.03
Employee & Children	119.03
Employee, Spouse & Child	185.24
Employee, Spouse & Children	185.24

Notes

1. If the dependents elect COBRA coverage without the employee, the eldest dependent is charged the employee rate. However, when Children only elect COBRA, each child is charged the employee rate.