

**WASHOE COUNTY SCHOOL DISTRICT**  
**Human Resources - Benefits & Wellness**

**2025 - COBRA Rates**

<b>PPO Plan</b>	Beneficiary Medical	Beneficiary Dental	Beneficiary GAP	Beneficiary Vision	Dep/Add Medical	Dependent Dental	Dependent GAP	Beneficiary Premium	Dep/Add Premium	Sub-Total Premium	Admin Fee	Total Premium
Beneficiary Only	\$745.63	\$66.92	\$14.80	\$14.46	\$0.00	\$0.00	\$0.00	\$841.81	\$0.00	\$841.81	\$16.84	\$858.65
Ben + Spouse	\$745.63	\$66.92	\$14.80	\$14.46	\$444.31	\$32.28	\$12.10	\$841.81	\$488.69	\$1,330.50	\$26.61	\$1,357.11
Ben + 1 Child	\$745.63	\$66.92	\$14.80	\$14.46	\$271.85	\$22.78	\$9.60	\$841.81	\$304.23	\$1,146.04	\$22.92	\$1,168.96
Ben + 2 Children	\$745.63	\$66.92	\$14.80	\$14.46	\$532.13	\$43.44	\$9.60	\$841.81	\$585.17	\$1,426.98	\$28.54	\$1,455.52
Ben + Family	\$745.63	\$66.92	\$14.80	\$14.46	\$699.24	\$54.01	\$21.70	\$841.81	\$774.95	\$1,616.76	\$32.34	\$1,649.10
<b>QHDHP Plan</b>	Beneficiary Medical	Beneficiary Dental	Beneficiary GAP	Beneficiary Vision	Dep/Add Medical	Dependent Dental	Dependent GAP	Beneficiary Premium	Dep/Add Premium	Sub-Total Premium	Admin Fee	Total Premium
Beneficiary Only	\$575.78	\$66.92	\$0.00	\$14.46	\$0.00	\$0.00	\$0.00	\$657.16	\$0.00	\$657.16	\$13.14	\$670.30
Ben + Spouse	\$575.78	\$66.92	\$0.00	\$14.46	\$217.01	\$32.28	\$0.00	\$657.16	\$249.29	\$906.45	\$18.13	\$924.58
Ben + 1 Child	\$575.78	\$66.92	\$0.00	\$14.46	\$73.57	\$22.78	\$0.00	\$657.16	\$96.35	\$753.51	\$15.07	\$768.58
Ben + 2 Children	\$575.78	\$66.92	\$0.00	\$14.46	\$288.91	\$43.44	\$0.00	\$657.16	\$332.35	\$989.51	\$19.79	\$1,009.30
Ben + Family	\$575.78	\$66.92	\$0.00	\$14.46	\$427.65	\$54.01	\$0.00	\$657.16	\$481.66	\$1,138.82	\$22.78	\$1,161.60