

**STATE OF VERMONT**  
**COBRA - JANUARY 1, 2024**  
**MEDICAL PREMIUMS FOR CONTINUATION COVERAGE**  
**MONTHLY**

**TOTALCHOICE PLAN**

<b>CLASS CODE</b>	<b>DEFINITION</b>	<b>TOTAL PREMIUM</b>
<b>01</b>	One Person	\$1,444.12
<b>1A</b>	Two Person	\$2,888.24
<b>1B</b>	Family	\$3,971.31

**SELECTCARE POS PLAN**

<b>CLASS CODE</b>	<b>DEFINITION</b>	<b>TOTAL PREMIUM</b>
<b>01</b>	One Person	\$1,208.63
<b>1A</b>	Two Person	\$2,417.23
<b>1B</b>	Family	\$3,323.69

**DENTAL PLAN**

<b>CLASS CODE</b>	<b>DEFINITION</b>	<b>TOTAL PREMIUM</b>
<b>01</b>	One Person	\$34.38
<b>1A</b>	Two Person	\$63.25
<b>1B</b>	Family	\$119.85