

**2023**

# COBRA DENTAL and VISION PLAN RATES

## MONTHLY RATES 01/01/2023 – 12/31/2023

<b>Delta Dental PPO – Plan D (CSEA/AFSCME/ADMIN)</b>		
	1-Party	\$ 60.08
	2-Party	\$ 122.09
	3-Party	\$ 182.17

<b>Delta Dental PPO – Plan A (CTA ONLY)</b>		
	1-Party	\$ 52.33
	2-Party	\$ 105.62
	3-Party	\$ 158.92

<b>DeltaCare HMO (CTA/CSEA/AFSCME/ADMIN)</b>		
	1-Party	\$ 20.90
	2-Party	\$ 42.29
	3-Party	\$ 62.51

<b>Vision Service Plan (VSP)</b>		
	1-Party	\$ 8.72
	2-Party	\$ 17.44
	3-Party	\$ 25.19

*\*Note: These rates include a 2% administration fee from BRi COBRA LLC*