# 2025 COBRA Contribution Rates

The charts below summarize your contribution rates for coverage in 2025.

## UHC Medical Coverage

| Monthly Contributions | |
|---|---|
| GW Health Savings Plan (HSP) | |
| Participant Only | $775.20 |
| Participant + SP/DP | $1,627.98 |
| Participant + Child(ren) | $1,472.93 |
| Family | $2,325.71 |
| GW PPO | |
| EE | $867.03 |
| EE + SP/DP | $1,820.75 |
| EE + Child(ren) | $1,647.36 |
| Family | $2,601.09 |

## Dental Coverage

| Monthly Contributions | |
|---|---|
| DMO | |
| Participant Only | $15.65 |
| Participant + One | $35.76 |
| Participant + Family | $43.28 |
| High PPO | |
| Participant Only | $63.37 |
| Participant + One | $137.47 |
| Participant + Family | $166.32 |
| Low PPO | |
| Participant Only | $37.92 |
| Participant + One | $80.59 |
| Participant + Family | $97.54 |

## UHC Vision Coverage

| Monthly Contributions |
|---|

| | |
|---|---|
| Basic | |
| Participant Only | $5.32 |
| Participant + One | $9.85 |
| Participant + Family | $15.71 |
| Enhanced | |
| Participant Only | $8.05 |
| Participant + One | $14.88 |
| Participant + Family | $23.72 |