Baltimore County Public Schools

Medical, Dental, & Vision Premiums for COBRA Effective 1/1/2024 - 12/31/2024

MEDICAL INSURANCE	Monthly COBRA Premium
CIGNA OAPIN (In Network)	
Individual	\$ 798.34
Parent/Child	1,581.79
Two Adults	1,905.18
Family	2,148.04
CIGNA OAP (In/Out Network)	
Individual	\$ 906.20
Parent/Child	1,795.41
Two Adults	2,162.49
Family	2,438.13
Kaiser Permanente HMO (Maryland only)	
Individual	\$ 897.23
Parent/Child(ren)	1,777.58
Two Adults	2,141.05
Family	2,413.99

DENTAL INSURANCE	Monthly COBRA Premium
CareFirst Regional Dental PPO	
Individual	\$ 30.39
Parent/Child or Two Adults	65.84
Family	99.82
CareFirst Regional Dental Traditional	
Individual	\$ 34.58
Parent/Child or Two Adults	72.50
Family	121.78
CIGNA Dental DHMO	
Individual	\$ 39.57
Parent/Child(ren) or Two Adults	75.86
Family	114.04

VISION INSURANCE	Monthly COBRA Premium
National Vision Administrators (NVA)	
Individual	\$ 2.13
Family (includes Parent/Child and Two Ad	8.17