



**State of Connecticut - Office of the State Comptroller**  
**Healthcare Policy & Benefit Services Division**  
**2023 - 2024 COBRA Medical and Rx Insurance Rates**

| <b>Vendor</b> | <b>Plan Name</b>            | <b>Class Coverage</b> | <b>Monthly Medical COBRA Rate</b> | <b>Monthly Rx COBRA Rate</b> |
|---------------|-----------------------------|-----------------------|-----------------------------------|------------------------------|
| <b>Anthem</b> | Primary Care Access         | Employee Only         | \$928.31                          | \$177.25                     |
|               |                             | Employee +1           | \$2,042.28                        | \$389.94                     |
|               |                             | Family                | \$2,506.45                        | \$478.56                     |
| <b>Anthem</b> | Standard Access             | Employee Only         | \$947.05                          | \$177.25                     |
|               |                             | Employee +1           | \$2,083.51                        | \$389.94                     |
|               |                             | Family                | \$2,557.04                        | \$478.56                     |
| <b>Anthem</b> | Expanded Access             | Employee Only         | \$947.71                          | \$177.25                     |
|               |                             | Employee +1           | \$2,084.97                        | \$389.94                     |
|               |                             | Family                | \$2,558.82                        | \$478.56                     |
| <b>Anthem</b> | Anthem Out of Area          | Employee Only         | \$1,343.00                        | \$177.25                     |
|               |                             | Employee +1           | \$2,954.60                        | \$389.94                     |
|               |                             | Family                | \$3,626.11                        | \$478.56                     |
| <b>Anthem</b> | Preferred                   | Employee Only         | \$1,343.00                        | \$177.25                     |
|               |                             | Employee +1           | \$2,954.60                        | \$389.94                     |
|               |                             | Family                | \$3,626.11                        | \$478.56                     |
| <b>Anthem</b> | Quality First Select Access | Employee Only         | \$855.90                          | \$177.25                     |
|               |                             | Employee +1           | \$1,882.98                        | \$389.94                     |
|               |                             | Family                | \$2,310.93                        | \$478.56                     |