



**COBRA Monthly Medical, Dental and Vision Rates
Plan Year: 01/01/2026 – 12/31/2026**

If your home residence is in: AR, AZ, CO, DC, IL, MD, ME, MN, NC, OK, RI, WY

COBRA Coverage Election	UnitedHealthcare				Premera Blue Cross		
	PPO w/HRA	HDP w/HSA	EPO	Surest	PPO w/HRA	HDP w/HSA	EPO
Employee Only	\$783.38	\$725.14	\$893.78	\$698.59	\$783.38	\$725.14	\$893.78
Employee plus Spouse/Domestic Partner	\$1,566.81	\$1,450.31	\$1,787.58	\$1,397.18	\$1,566.81	\$1,450.31	\$1,787.58
Employee or Spouse/Domestic Partner plus Children	\$1,412.84	\$1,300.17	\$1,608.80	\$1,257.47	\$1,412.84	\$1,300.17	\$1,608.80
Employee plus Family (Spouse or Domestic Partner)	\$2,336.51	\$2,200.76	\$2,681.28	\$2,095.76	\$2,336.51	\$2,200.76	\$2,681.28
Spouse Only (Domestic Partner Eligible)	\$783.38	\$725.14	\$893.78	\$698.59	\$783.38	\$725.14	\$893.78
Child(ren) Only (Domestic Partner Eligible) – <i>Per Child</i>	\$783.38	\$725.14	\$893.78	\$698.59	\$783.38	\$725.14	\$893.78

COBRA Coverage Election	Dental		Vision
	PPO Network	Open Network	
Employee Only	\$29.41	\$52.94	\$7.73
Employee plus Spouse/Domestic Partner	\$54.41	\$97.93	\$13.26
Employee or Spouse/Domestic Partner plus Children	\$64.70	\$116.45	\$13.26
Employee plus Family (Spouse or Domestic Partner)	\$89.70	\$161.45	\$20.99
Spouse Only (Domestic Partner Eligible)	\$29.41	\$52.94	\$7.73
Child(ren) Only (Domestic Partner Eligible) – <i>Per Child</i>	\$29.41	\$52.94	\$7.73