



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

If your home residence is in: FL, KS, MO, NJ, WI

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	\$877.38	\$817.26	\$1,001.03
Employee plus Spouse/Domestic Partner	\$1,566.81	\$1,450.31	\$1,787.58	\$1,397.18	\$1,754.83	\$1,634.56	\$2,002.09
Employee or Spouse/Domestic Partner plus Children	\$1,412.84	\$1,300.17	\$1,608.80	\$1,257.47	\$1,582.39	\$1,466.39	\$1,801.85
Employee plus Family (Spouse or Domestic Partner)	\$2,336.51	\$2,200.76	\$2,681.28	\$2,095.76	\$2,616.89	\$2,475.05	\$3,003.04
Spouse Only (Domestic Partner Eligible)	\$783.38	\$725.14	\$893.78	\$698.59	\$877.38	\$817.26	\$1,001.03
Child(ren) Only (Domestic Partner Eligible) – <b>Per Child</b>	\$783.38	\$725.14	\$893.78	\$698.59	\$877.38	\$817.26	\$1,001.03

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) – <b>Per Child</b>	\$29.41	\$52.94	\$7.73