



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

If your home residence is in: ID, KY, MI, ND, NM, NV, SD, UT, VA

COBRA Coverage Election	Premera Blue Cross			UnitedHealthcare			
	PPO w/HRA	HDP w/HSA	EPO	PPO w/HRA	HDP w/HSA	EPO	Surest
Employee Only	\$783.38	\$725.14	\$893.78	\$877.38	\$817.26	\$1,001.03	\$698.59
Employee plus Spouse/Domestic Partner	\$1,566.81	\$1,450.31	\$1,787.58	\$1,754.83	\$1,634.56	\$2,002.09	\$1,397.18
Employee or Spouse/Domestic Partner plus Children	\$1,412.84	\$1,300.17	\$1,608.80	\$1,582.39	\$1,466.39	\$1,801.85	\$1,257.47
Employee plus Family (Spouse or Domestic Partner)	\$2,336.51	\$2,200.76	\$2,681.28	\$2,616.89	\$2,475.05	\$3,003.04	\$2,095.76
Spouse Only (Domestic Partner Eligible)	\$783.38	\$725.14	\$893.78	\$877.38	\$817.26	\$1,001.03	\$698.59
Child(ren) Only (Domestic Partner Eligible) – <i>Per Child</i>	\$783.38	\$725.14	\$893.78	\$877.38	\$817.26	\$1,001.03	\$698.59

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

