

The following contains the monthly COBRA rates for benefits beginning January 1, 2026. The rates include the 2% administrative COBRA surcharge. Amounts are presented for ease of reference. Your rate may differ slightly due to rounding adjustments applied during processing.

## Medical

Monthly Rate (Includes 2% Administrative Surcharge)

Coverage Level	Value Medical	HDHP with HSA	Basic PPO	Premium PPO
You Only	\$ 682	\$ 705	\$786	\$ 896
You + Spouse	\$ 1,572	\$ 1,659	\$ 1,813	\$ 2,066
You + Child(ren)	\$ 1,161	\$ 1,210	\$1,339	\$ 1,526
You+ Family	\$ 2,049	\$ 2,162	\$ 2,364	\$ 2,691

## Dental

Monthly Rate (Includes 2% Administrative Surcharge)

Coverage Level	Dental Basic	Dental Plus	DHMO
You Only	\$27	\$45	\$16
You + Spouse	\$64	\$98	\$33
You + Child(ren)	\$59	\$89	\$39
You+ Family	\$90	\$142	\$62

## Vision

Monthly Rate (Includes 2% Administrative Surcharge)

Coverage Level	Vision Basic	Vision Plus
You Only	\$6.12	\$12
You + Spouse	\$12.20	\$23.99
You + Child(ren)	\$13.06	\$25.62
You+ Family	\$20.89	\$40.96

## Employee Assistance Program (EAP)

Monthly Rate (Includes 2% Administrative Surcharge)

All Coverage Levels	\$1.31
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