# COBRA
# January 1, 2026 - December 31, 2026

Monthly Premiums below includes 2% Administrative Fee

## **CDHP 1** - Consumer Driven Health Plan (CDHP)

| | |
|---|---|
| Employee or Participant | $ 990.65 |
| Employee/Child(ren) | $ 1,783.20 |
| Employee/Spouse | $ 2,179.47 |
| Employee/Family | $ 3,170.13 |

## **CDHP 2** - Consumer Driven Health Plan (CDHP)

| | |
|---|---|
| Employee or Participant | $ 1,024.94 |
| Employee/Child(ren) | $ 1,844.88 |
| Employee/Spouse | $ 2,254.85 |
| Employee/Family | $ 3,279.80 |

## **PPO** - Health Plan

| | |
|---|---|
| Employee or Participant | $ 1,047.85 |
| Employee/Child(ren) | $ 1,886.12 |
| Employee/Spouse | $ 2,305.27 |
| Employee/Family | $ 3,353.12 |

## **Delta Dental**

| | |
|---|---|
| Employee or Participant | $ 42.12 |
| Employee/Child(ren) | $ 80.02 |
| Employee/Spouse | $ 84.23 |
| Employee/Family | $ 134.77 |

## **VSP** - Vision

| | |
|---|---|
| Employee or Participant | $ 6.40 |
| Employee/Child(ren) | $ 13.66 |
| Employee/Spouse | $ 12.75 |
| Employee/Family | $ 21.80 |