

2026 Medical - Monthly COBRA Rates Medical Providers - Blue Cross Blue Shield, UMR or Surest		
Plan	Carrier 1	Carrier 2
1850 HDHP Plan		
Employee Only	\$793.99	\$855.91
Employee + Spouse	\$2,064.36	\$2,225.37
Employee + Child(ren)	\$1,468.87	\$1,583.44
Employee + Family	\$2,540.75	\$2,738.93
3500 HDHP Plan		
Employee Only	\$668.95	\$721.13
Employee + Spouse	\$1,739.26	\$1,874.93
Employee + Child(ren)	\$1,237.56	\$1,334.09
Employee + Family	\$2,140.64	\$2,307.61
6550 HDHP Plan		
Employee Only	\$625.71	\$674.52
Employee + Spouse	\$1,626.84	\$1,753.74
Employee + Child(ren)	\$1,157.56	\$1,247.85
Employee + Family	\$2,002.27	\$2,158.45
Surest Choice Copay Plan		
Employee Only	\$667.89	n/a
Employee + Spouse	\$1,736.50	n/a
Employee + Child(ren)	\$1,235.59	n/a
Employee + Family	\$2,137.24	n/a
Surest Select Copay Plan		
Employee Only	\$805.37	n/a
Employee + Spouse	\$2,093.97	n/a
Employee + Child(ren)	\$1,489.94	n/a
Employee + Family	\$2,577.20	n/a

2026 Dental - Monthly COBRA Rates			
Plan	Basic Plan	Standard Plan	Enhanced Plan
Employee Only	\$16.00	\$35.60	\$41.48
Employee + Spouse	\$29.94	\$72.24	\$87.47
Employee + Child(ren)	\$28.41	\$62.18	\$75.10
Employee + Family	\$47.41	\$111.09	\$133.74

2026 Vision - Monthly COBRA Rates		
Plan	Materials Only	Enhanced
Employee Only	\$5.18	\$12.08
Employee + Spouse	\$8.02	\$18.68
Employee + Child(ren)	\$8.18	\$19.07
Employee + Family	\$13.19	\$30.75