2027 Medical - Monthly COBRA Rates Medical Providers - Skai BCBS, UMR or Surest		
Plan	**Carrier 1**	**Carrier 2**
1850 HDHP Plan		
Employee Only	$870.29	$938.17
Employee + Spouse	$2,262.74	$2,439.23
Employee + Child(ren)	$1,610.03	$1,735.60
Employee + Family	$2,784.92	$3,002.15
3500 HDHP Plan		
Employee Only	$733.23	$790.43
Employee + Spouse	$1,906.40	$2,055.12
Employee + Child(ren)	$1,356.49	$1,462.29
Employee + Family	$2,346.36	$2,529.37
6550 HDHP Plan		
Employee Only	$685.84	$739.34
Employee + Spouse	$1,783.17	$1,922.27
Employee + Child(ren)	$1,268.80	$1,367.77
Employee + Family	$2,194.68	$2,365.88
Surest Choice Copay Plan		
Employee Only	$732.06	n/a
Employee + Spouse	$1,903.37	n/a
Employee + Child(ren)	$1,354.33	n/a
Employee + Family	$2,342.62	n/a
Surest Select Copay Plan		
Employee Only	$882.77	n/a
Employee + Spouse	$2,295.19	n/a
Employee + Child(ren)	$1,633.12	n/a
Employee + Family	$2,824.87	n/a

2027 Dental - Monthly COBRA Rates			
Plan	**Basic Plan**	**Standard Plan**	**Enhanced Plan**
Employee Only	$16.20	$36.03	$41.98
Employee + Spouse	$30.30	$73.11	$88.53
Employee + Child(ren)	$28.75	$62.93	$76.01
Employee + Family	$47.98	$112.43	$135.36

2027 Vision - Monthly COBRA Rates		
Plan	**Materials Only**	**Enhanced**
Employee Only	$5.36	$12.47
Employee + Spouse	$8.28	$19.29
Employee + Child(ren)	$8.45	$19.71
Employee + Family	$13.63	$31.76