

Kyrene Employee Benefit Trust (KEBT)

**COBRA Medical, Dental & Vision Plan Premium Costs**

July 1, 2025- June 30, 2026

\*Premium rates **DO NOT** include the 2% COBRA administrative fee

\*\*No deposit is made by the district to the H.S.A. Account for COBRA plans

**COBRA Medical Plans**

<u><i>AmeriBen / BCBS Statewide PPO</i></u>	<b>Annual Cost</b>	<b>Monthly Cost</b>
Employee (EE) Only	\$ 7,222.56	\$ 601.88
EE + Spouse	\$ 15,166.56	\$ 1,263.88
EE+ Child(ren)	\$ 12,034.56	\$ 1,002.88
EE+ Family	\$ 18,010.56	\$ 1,500.88
<u><i>Ameriben / BCBS Statewide H.S.A.</i></u>	<b>Annual Cost</b>	<b>Monthly Cost</b>
Employee (EE) Only	\$ 6,538.56	\$ 544.88
EE + Spouse	\$ 13,162.56	\$ 1,096.88
EE+ Child(ren)	\$ 10,522.56	\$ 876.88
EE+ Family	\$ 15,550.56	\$ 1,295.88

**COBRA Dental Plans**

<u><i>Cigna DHMO Dental</i></u>	<b>Annual Cost</b>	<b>Monthly Cost</b>
Employee (EE) Only	\$ 119.76	\$ 9.98
EE + Spouse	\$ 233.52	\$ 19.46
EE+ Child(ren)	\$ 251.40	\$ 20.95
EE+ Family	\$ 335.40	\$ 27.95
<u><i>Cigna PPO Dental</i></u>	<b>Annual Cost</b>	<b>Monthly Cost</b>
Employee (EE) Only	\$ 612.00	\$ 51.00
EE + Spouse	\$ 1,284.00	\$ 107.00
EE+ Child(ren)	\$ 1,008.00	\$ 84.00
EE+ Family	\$ 1,536.00	\$ 128.00

**COBRA Vision Plan**

	<b>Annual Cost</b>	<b>Monthly Cost</b>
<u><i>EyeMed</i></u>		
Employee (EE) Only	\$ 108.00	\$ 9.00
EE + Spouse	\$ 228.00	\$ 19.00
EE+ Child(ren)	\$ 168.00	\$ 14.00
EE+ Family	\$ 276.00	\$ 23.00