2025-26 COBRA Monthly Insurance Rates

10/01/2025 through 09/30/2026

PLAN OPTIONS	Composite-Rated Groups (SKPS)
MEDICAL	
Moda Medical Plan 1	$1994.43
Moda Medical Plan 2	$1850.13
Moda Medical Plan 3	$1735.77
Moda Medical Plan 4	$1638.98
Moda Medical Plan 5	$1513.99
Moda Medical Plan 6	$1544.34
Moda Medical Plan 7	$1441.32
Kaiser Medical Plan 1	$1772.01
Kaiser Medical Plan 2A	$1556.39
Kaiser Medical Plan 2B	$1523.76
Kaiser Medical Plan 3 (HSA eligible)	$1181.84
DENTAL	
Moda Delta Dental Plan 1	$172.30
Moda Delta Dental Plan 5	$152.18
Moda Delta Dental Plan 6 (no ortho)	$109.83
Moda Exclusive PPO INCENTIVE Delta dental	$149.35
Moda Exclusive PPO Delta dental	$100.66
Kaiser Dental	$183.89
Willamette Dental	$126.06
VISION	
Moda Vision Opal	$50.79
Moda Vision Pearl	$41.52
Moda Vision Quartz	$29.31
VSP Choice Plus Plan	$34.64
VSP Choice Plan	$16.84
Kaiser Vision (Only avail. with Kaiser Med)	$20.59
NOTE: COBRA benefits are administered by Benefit Help Solutions. Phone: 1-800-556-3137	

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