



COBRA **MONTHLY** HEALTH RATES

(2% Administrative Fee included)

JANUARY 1, 2026

AETNA

PREMIER HMO

COBRA Participant Only	\$ 1,228.37
+ One Dependent	2,591.82
+ Family (2 or more Dependents)	3,624.63

PREMIER PLUS HMO

COBRA Participant Only	\$ 1,422.15
+ One Dependent	3,001.51
+ Family (2 or more Dependents)	4,197.42

PREMIER CHOICE HSA

COBRA Participant Only	\$ 1,024.26
+ One Dependent	2,161.81
+ Family (2 or more Dependents)	3,023.50

AETNA KIDS' PLANS

BASIC PLAN (AGES 5 – 26)

One Child	\$ 901.86
Two Children	1,803.83
Three or more Children	2,705.71

ENHANCED PLAN (AGES 5 – 26)

One Child	\$ 1,511.19
Two Children	3,022.54
Three or more Children	4,533.79



COBRA **MONTHLY** DENTAL/VISION RATES

(2% Administrative Fee included)

JANUARY 1, 2026

DENTAL	<u>AETNA</u>	COMPBENEFITS <u>(HUMANA)</u>
<u>BASIC DHMO PLAN</u>		
COBRA Participant Only	\$ 10.18	\$ 7.49
+ One Dependent	17.12	12.95
+ Family (2 or more Dependents)	24.54	17.38
<u>ENHANCED DHMO PLAN</u>		
COBRA Participant Only	\$ 12.10	\$ 9.20
+ One Dependent	21.73	16.73
+ Family (2 or more Dependents)	30.19	22.50
<u>BASIC PPO PLAN</u>		
COBRA Participant Only	\$ 35.29	\$ 32.05
+ One Dependent	67.36	58.00
+ Family (2 or more Dependents)	102.41	86.76
<u>ENHANCED PPO PLAN</u>		
COBRA Participant Only	\$ 45.82	\$ 38.03
+ One Dependent	90.41	72.85
+ Family (2 or more Dependents)	148.61	113.95

VISION	<u>AETNA</u>	COMPBENEFITS <u>(HUMANA)</u>
<u>BASIC PLAN</u>		
COBRA Participant Only	\$ 3.37	\$ 3.08
+ One Dependent	7.47	7.47
+ Family (2 or more Dependents)	12.85	12.79
<u>ENHANCED PLAN</u>		
COBRA Participant Only	\$ 5.85	\$ 4.67
+ One Dependent	12.95	11.26
+ Family (2 or more Dependents)	22.22	19.28

Health & Kids' Plans on Reverse Side