2026 COBRA MONTHLY RATES Including 2% Administration Fee

HEALTH INSURANCE PLANS
UNITED HEALTHCARE

		Non-Tobacco Users	Tobacco Users
High Option HMO	**Single**	**$ 920.04**	**$ 970.04**
	Employee + Child(ren)	**$1,379.04**	**$1,429.04**
	Employee + Spouse	**$1,501.44**	**$1,551.44**
	Employee + Full Family	**$1,848.24**	**$1,898.24**
Low Option HMO	**Single**	**$ 828.24**	**$ 878.24**
	Employee + Child(ren)	**$1,191.36**	**$1,241.36**
	Employee + Spouse	**$1,310.70**	**$1,360.70**
	Employee + Full Family	**$1,586.10**	**$1,636.10**
Consumer Driven	**Single**	**$ 716.04**	**$ 766.04**
Health Plan (CDHP)	**Employee + Child(ren)**	**$1,079.16**	**$1,129.16**
	Employee + Spouse	**$1,162.80**	**$1,212.80**
	Employee + Full Family	**$1,442.28**	**$1,492.28**
Surest Health Plan	**Single**	**$ 716.04**	**$ 766.04**
	Employee + Child(ren)	**$1,079.16**	**$1,129.16**
	Employee + Spouse	**$1,162.80**	**$1,212.80**
	Employee + Family	**$1,442.28**	**$1,492.28**

DENTAL INSURANCE PLAN
HUMANA

PBCSD DHMO Enhanced	**Single**	**$ 16.50**
	Employee + Child(ren)	**$ 35.07**
	Employee + Spouse	**$ 28.88**
	Employee + Full Family	**$ 45.38**
PBCSD DHMO Basic	**Single**	**$ 12.54**
	Employee + Child(ren)	**$ 26.82**
	Employee + Spouse	**$ 21.81**
	Employee + Full Family	**$ 34.33**
PPO High (Orthodontics)	**Single**	**$ 36.63**
	Employee + Child(ren)	**$ 100.71**
	Employee + Spouse	**$ 89.75**
	Employee + Full Family	**$ 135.53**
PPO Low	**Single**	**$ 28.88**
	Employee + Child(ren)	**$ 79.42**
	Employee + Spouse	**$ 70.76**
	Employee + Full Family	**$ 106.86**

VISION PLAN - EYEMED

EyeMed	**Single**	**$ 5.56**
	Employee + Full Family	**$ 14.28**

Benefits Outsource Incorporated (BOI) – 888-877-2780

Revised 10/8/2025