Kyrene Employee Benefit Trust (KEBT)

COBRA Medical, Dental & Vision Plan Premium Costs

July 1, 2026- June 30, 2027

*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

AmeriBen / BCBS Statewide PPO	**Annual Cost**	**Monthly Cost**
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

Ameriben / BCBS Statewide H.S.A.	**Annual Cost**	**Monthly Cost**
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

Cigna DHMO Dental	**Annual Cost**	**Monthly Cost**
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

Cigna PPO Dental	**Annual Cost**	**Monthly Cost**
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

	Annual Cost	**Monthly Cost**
EyeMed		
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