

COBRA INSURANCE RATES

JULY 1, 2026 - JUNE 30, 2027

RATE CHANGE DUE TO AGE 26 MANDATE

MEDICAL

DENTAL

UHC
PPO

UHC
HDHP

DELTA DENTAL

VSP

SINGLE PREMIUM RATES

PREMIUM:	1,410.76	860.00	86.00	8.96
2%	28.22	17.20	1.72	0.18
MONTHLY TOTAL	1,438.98	877.20	87.72	9.14

FAMILY PREMIUM RATES

PREMIUM:	3,528.31	2,150.00	86.00	20.27
2%	70.57	43.00	1.72	0.41
MONTHLY TOTAL	3,598.88	2,193.00	87.72	20.68

