

Glendale Elementary School District No.40 2026 - 2027 COBRA Premiums Medical, Dental & Vision Insurance			
MEDICAL INSURANCE	Monthly Premium	2% Admin. Fee	Total Cost Per Month
United Healthcare Traditional Medical Plan			
Employee Only	\$780.33	\$15.61	\$795.94
Employee & Spouse	\$1,592.85	\$31.86	\$1,624.71
Employee & Child(ren)	\$1,498.05	\$29.96	\$1,528.01
Employee & Family	\$1,924.67	\$38.49	\$1,963.16
United Healthcare High Deductible Health Plan			
Employee Only	\$717.33	\$14.35	\$731.68
Employee & Spouse	\$1,398.84	\$27.98	\$1,426.82
Employee & Child(ren)	\$1,321.10	\$26.42	\$1,347.52
Employee & Family	\$1,670.93	\$33.42	\$1,704.35
VISION INSURANCE	Monthly Premium	2% Admin. Fee	Total Cost Per Month
VSP Choice Plan			
Employee Only	\$8.92	\$0.18	\$9.10
Employee & Spouse	\$17.83	\$0.36	\$18.19
Employee & Child(ren)	\$19.08	\$0.38	\$19.46
Employee & Family	\$30.50	\$0.61	\$31.11
DENTAL INSURANCE	Monthly Premium	2% Admin. Fee	Total Cost Per Month
Delta Dental Level I Plan			
Employee Only	\$23.32	\$0.47	\$23.79
Employee & Spouse	\$52.22	\$1.04	\$53.26
Employee & Child(ren)	\$50.82	\$1.02	\$51.84
Employee & Family	\$78.32	\$1.57	\$79.89
Delta Dental Level III Plan			
Employee Only	\$43.38	\$0.87	\$44.25
Employee & Spouse	\$90.03	\$1.80	\$91.83
Employee & Child(ren)	\$94.53	\$1.89	\$96.42
Employee & Family	\$135.04	\$2.70	\$137.74
Cigna Dental DHMO Plan			
Employee Only	\$10.82	\$0.22	\$11.04
Employee & Spouse	\$21.39	\$0.43	\$21.82
Employee & Child(ren)	\$23.99	\$0.48	\$24.47
Employee & Family	\$26.32	\$0.53	\$26.85