2026-27 COBRA Monthly Insurance Rates

10/01/2026 through 09/30/2027

PLAN OPTIONS	Composite-Rated Groups (SKPS)
MEDICAL	
Moda Medical Plan 1	$2064.84
Moda Medical Plan 2	$1915.44
Moda Medical Plan 3	$1797.04
Moda Medical Plan 4	$1696.84
Moda Medical Plan 5	$1567.43
Moda Medical Plan 6 (HSA eligible)	$1598.86
Moda Medical Plan 7 (HSA eligible)	$1492.19
Kaiser Medical Plan 1	$1832.29
Kaiser Medical Plan 2A	$1609.34
Kaiser Medical Plan 2B	$1575.60
Kaiser Medical Plan 3 (HSA eligible)	$1222.05
DENTAL	
Premier Plan 1 - Delta Dental Premier Netowrk	$177.33
Premier Plan 5 - Delta Dental Premier Netowrk	$156.63
Premier Plan 6* - Delta Dental Premier Netowrk	$109.83
Exclusive PPO **Incentive** Plan** - Delta Dental PPO Network	$149.35
Exclusive PPO Plan** - Delta Dental PPO Network	$100.66
Kaiser Dental	$183.89
Willamette Dental	$126.06
VISION	
Moda Vision Opal	$50.79
Moda Vision Pearl	$41.52
Moda Vision Quartz	$29.31
VSP Choice Plus Plan	$34.64
VSP Choice Plan	$16.84
Kaiser Vision (Only available with Kaiser Med)	$20.59

NOTE: COBRA benefits are administered by Benefit Help Solutions.
Phone: 1-800-556-3137

** This plan has no orthodontia coverage*
*** This plan has no out-of-network benefit. Services performed by providers outside the Delta Dental PPO network are not covered unless for a dental emergency. Covered emergencies consist of problem focused exam, palliative treatment and x-rays. All other services are considered non-covered.*

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