COBRA Rates
Effective 9/1/2026 - 6/30/2027)

Medical - BlueCross BlueShield of IL

BCO PPO Plan	Premium Rate	COBRA Rate (includes 2% fee)
Employee	$1,361.97	$1,389.21
Employee + Spouse	$2,634.00	$2,686.68
Employee + Child(ren)	$2,527.71	$2,578.26
Family	$3,910.78	$3,989.00
BAHMO Plan	**Premium Rate**	**COBRA Rate (includes 2% fee)**
Employee	$1,051.82	$1,072.86
Employee + Spouse	$2,034.22	$2,074.90
Employee + Child(ren)	$1,952.12	$1,991.16
Family	$3,020.24	$3,080.64
BCO HSA Plan	**Premium Rate**	**COBRA Rate (includes 2% fee)**
Employee	$1,107.82	$1,129.98
Employee + Spouse	$2,142.48	$2,185.33
Employee + Child(ren)	$2,056.03	$2,097.15
Family	$3,181.01	$3,244.63

Dental - BlueCross BlueShield of IL

PPO Plan	Premium Rate	COBRA Rate (includes 2% fee)
Employee	$53.63	$54.70
Employee + Spouse	$127.49	$130.04
Employee + Child(ren)	$122.34	$124.79
Family	$189.29	$193.08
HMO Plan	**Premium Rate**	**COBRA Rate (includes 2% fee)**
Employee	$34.67	$35.36
Employee + Spouse	$66.79	$68.13
Employee + Child(ren)	$73.55	$75.02
Family	$110.90	$113.12

Vision - BlueCross BlueShield of IL

Vision Plan	Premium Rate	COBRA Rate (includes 2% fee)
Employee	$6.59	$6.72
Employee + Spouse	$12.51	$12.76
Employee + Child(ren)	$13.18	$13.44
Family	$19.36	$19.75