

WASHINGTON COUNTY PUBLIC SCHOOLS**COBRA Benefit Premiums****July 1, 2026-June 30, 2027**

	Employee Coverage Tier	Monthly Cobra Rates
In and Out of Network	Employee Only	\$1,284.34
	Employee + Spouse	\$2,568.68
	Employee + Child(ren)	\$1,967.62
	Employee + Family	\$3,252.12
In Network Only	Employee Only	\$1,178.05
	Employee + Spouse	\$2,369.44
	Employee + Child(ren)	\$1,804.79
	Employee + Family	\$2,982.98
Dental	Employee Only	\$30.76
	Employee + Spouse	\$61.51
	Employee + Child(ren)	\$66.12
	Employee + Family	\$129.95
Vision	Employee Only	\$8.85
	Employee + Spouse	\$16.07
	Employee + Child(ren)	\$16.87
	Employee + Family	\$26.02