COBRA **MONTHLY** HEALTH RATES

(2% Administrative Fee included)

JANUARY 1, 2027

AETNA

PREMIER HMO

COBRA Participant Only	$ 1,228.37
+ One Dependent	2,591.82
+ Family (2 or more Dependents)	3,624.63

PREMIER PLUS HMO

COBRA Participant Only	$ 1,422.15
+ One Dependent	3,001.51
+ Family (2 or more Dependents)	4,197.42

PREMIER CHOICE HSA

COBRA Participant Only	$ 1,024.26
+ One Dependent	2,161.81
+ Family (2 or more Dependents)	3,023.50

AETNA KIDS' PLANS

BASIC PLAN (AGES 5 – 26)

One Child	$ 901.86
Two Children	1,803.83
Three or more Children	2,705.71

ENHANCED PLAN (AGES 5 – 26)

One Child	$ 1,511.19
Two Children	3,022.54
Three or more Children	4,533.79

COBRA **MONTHLY** DENTAL/VISION RATES

(2% Administrative Fee included)

JANUARY 1, 2027

DENTAL	AETNA	COMPBENEFITS (HUMANA)
BASIC DHMO PLAN		
COBRA Participant Only	$ 10.44	$ 6.61
+ One Dependent	17.56	11.40
+ Family (2 or more Dependents)	25.17	15.34
ENHANCED DHMO PLAN		
COBRA Participant Only	$ 12.40	$ 8.49
+ One Dependent	22.28	15.38
+ Family (2 or more Dependents)	30.97	20.69
BASIC PPO PLAN		
COBRA Participant Only	$ 42.31	$ 42.82
+ One Dependent	80.76	77.48
+ Family (2 or more Dependents)	122.79	115.91
ENHANCED PPO PLAN		
COBRA Participant Only	$ 54.94	$ 50.80
+ One Dependent	108.41	97.35
+ Family (2 or more Dependents)	178.17	152.27

VISION	AETNA	COMPBENEFITS (HUMANA)
BASIC PLAN		
COBRA Participant Only	$ 3.45	$ 4.53
+ One Dependent	7.65	10.89
+ Family (2 or more Dependents)	13.16	18.71
ENHANCED PLAN		
COBRA Participant Only	$ 5.94	$ 6.85
+ One Dependent	13.14	16.48
+ Family (2 or more Dependents)	22.52	28.23

Health & Kids' Plans on Reverse Side