2027 COBRA MONTHLY RATES

MEDICAL PLAN	1 Person	Two People	Family
Kaiser 0/5 (Paraprofessionals & Operations)	$ 1,086.30	$ 2,140.98	$ 3,017.16
Kaiser 10/10	$ 1,043.46	$ 2,058.36	$ 2,899.86
UHC VEBA Direct 10	$ 1,077.12	$ 2,131.80	$ 2,991.66
UHC VEBA Direct 20	$ 1,040.40	$ 2,052.24	$ 2,881.50
UHC Alliance HMO 10	$ 1,242.36	$ 2,308.26	$ 3,230.34
UHC Alliance HMO 20/30	$ 1,165.86	$ 2,162.40	$ 3,024.30
Harmony 10	$ 1,051.62	$ 2,061.42	$ 2,890.68
Harmony 15 (SCGA)	$ 1,041.42	$ 2,041.02	$ 2,862.12
Kaiser Journey 2000 (SCGA)	$ 952.68	$ 1,880.88	$ 2,653.02
Kaiser Journey 500 (Management)	$ 977.16	$ 1,929.84	$ 2,721.36
Kaiser HMO Bronze (SEA)	$ 621.00	$ 1,216.00	$ 1,710.00
VEBA Direct Journey 500 (Management)	$ 1,047.54	$ 2,073.66	$ 2,914.14
UMR PPO	$ 2,327.64	$ 4,580.82	$ 6,423.96
Surest PPO (SEA and Management)	$ 1,590.18	$ 3,097.74	$ 4,326.84
SIMNSA	$ 329.46	$ 574.26	$ 841.50

Dental & Vision	1 Person	Two People	Family
VSP Enhanced Vision	$ 8.07	$ 16.14	$ 25.98
United Healthcare Vision	$ 11.79	$ 17.10	$ 30.65
Delta Dental PPO	$ 43.17	$ 86.62	$ 145.88
Delta Dental PPO Enhanced	$ 43.64	$ 87.57	$ 147.46
United Healthcare Dental	$ 71.63	$ 136.12	$ 193.42
United Concordia Dental HMO	$ 21.08	$ 38.52	$ 60.89
SIMNSA Dental	$ 23.46	$ 37.74	$ 60.18