

## 2026 Monthly COBRA Premiums

Medical Options				
UHC Choice Network				
	EE Only	EE + Spouse	EE + Child(ren)	EE + Family
Plan 1000 / Low RX	\$ 953.77	\$ 2,018.61	\$ 1,797.53	\$ 2,854.92
Plan 1000 / High RX	\$ 973.68	\$ 2,060.78	\$ 1,835.07	\$ 2,914.55
HDHP / Low RX	\$ 838.10	\$ 1,758.77	\$ 1,594.45	\$ 2,380.41
HDHP / High RX	\$ 858.01	\$ 1,800.93	\$ 1,632.00	\$ 2,440.04
Quantum Care Network				
	EE Only	EE + Spouse	EE + Child(ren)	EE + Family
Plan 750 / Low RX	\$ 993.42	\$ 2,102.60	\$ 1,872.31	\$ 2,973.67
Plan 750 / High RX	\$ 1,013.33	\$ 2,144.76	\$ 1,909.86	\$ 3,033.30

Dental Options				
	EE Only	EE + Spouse	EE + Child(ren)	EE + Family
Aetna DMO	\$ 16.43	\$ 32.83	\$ 43.93	\$ 55.74
Aetna PDN (Low Option)	\$ 29.41	\$ 58.81	\$ 78.66	\$ 99.82
Aetna PDN (High Option)	\$ 62.42	\$ 124.73	\$ 166.90	\$ 211.85

Superior Vision by MetLife Option				
	EE Only	EE + Spouse	EE + Child(ren)	EE + Family
Superior Vision by MetLife	\$ 7.73	\$ 16.65	\$ 12.54	\$ 22.83