



2026 COBRA BENEFIT PREMIUMS

2026 Monthly Medical Premiums

Coverage Level	Medical Program Option		
	HSA CORE	HSA VALUE	COUPE PPO
Employee Only	\$814.41	\$862.62	\$886.13
Employee + Spouse	\$1,710.26	\$1,811.50	\$1,860.87
Employee + Child(ren)	\$1,578.05	\$1,671.46	\$1,717.01
Family	\$2,627.49	\$2,783.02	\$2,858.86

2026 Monthly Dental and Vision Premiums

Coverage	Dental Program Option		Vision Program Option	
	Metlife PPO	Metlife PPO Plus	Eyemed	Eyemed Enhanced
Employee Only	\$29.62	\$47.67	\$5.72	\$17.15
Employee + Spouse	\$59.21	\$95.33	\$10.46	\$31.30
Employee + Child(ren)	\$57.72	\$92.93	\$10.18	\$30.49
Family	\$87.35	\$140.60	\$14.08	\$42.17