



# 2026 COBRA BENEFIT PREMIUMS

## 2026 Monthly Medical Premiums

Coverage Level	Medical Program Option		
	HSA CORE	HSA VALUE	COUPE PPO
Employee Only	\$794.23	\$869.52	\$906.23
Employee + Spouse	\$1,667.89	\$1,825.99	\$1,903.08
Employee + Child(ren)	\$1,538.95	\$1,684.82	\$1,755.95
Family	\$2,562.38	\$2,805.27	\$2,923.71

## 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