



# 2026 COBRA BENEFIT PREMIUMS

## 2026 Monthly Medical Premiums

Coverage Level	Medical Program Option		
	HSA CORE	HSA VALUE	COUPE PPO
Employee Only	\$748.23	\$810.66	\$841.11
Employee + Spouse	\$1,571.28	\$1,702.40	\$1,766.33
Employee + Child(ren)	\$1,449.81	\$1,570.79	\$1,629.78
Family	\$2,413.97	\$2,615.40	\$2,713.62

## 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