



# 2026 COBRA BENEFIT PREMIUMS

## 2026 Monthly Medical Premiums

Coverage Level	Medical Program Option		
	HSA CORE	HSA VALUE	COUPE PPO
Employee Only	\$676.86	\$742.03	\$773.81
Employee + Spouse	\$1,421.41	\$1,558.26	\$1,624.99
Employee + Child(ren)	\$1,311.52	\$1,437.80	\$1,499.37
Family	\$2,183.71	\$2,393.97	\$2,496.49

## 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