



2026 COBRA BENEFIT PREMIUMS

2026 Monthly Medical Premiums

Coverage Level	Medical Program Option		
	HSA CORE	HSA VALUE	COUPE PPO
Employee Only	\$652.23	\$705.11	\$730.90
Employee + Spouse	\$1,327.17	\$1,438.23	\$1,534.89
Employee + Child(ren)	\$1,221.29	\$1,323.76	\$1,416.23
Family	\$2,061.74	\$2,232.36	\$2,358.06

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