

## 2026 COBRA Premiums

MEDICAL INSURANCE		
Provider		Monthly COBRA Premium
<b>FT PPO 1250</b>		
1	Team Member Only	\$870.98
2	Team Member & Spouse/DP	\$1,916.15
3	Team Member & Child(ren)	\$1,654.86
4	Family	\$2,612.93
<b>FT HDHP 2250 - Non-Embedded</b>		
1	Team Member Only	\$803.55
2	Team Member & Spouse/DP	\$1,767.78
3	Team Member & Child(ren)	\$1,526.73
4	Family	\$2,410.61
<b>FT HDHP 3500</b>		
1	Team Member Only	\$774.01
2	Team Member & Spouse/DP	\$1,702.81
3	Team Member & Child(ren)	\$1,470.61
4	Family	\$2,322.02
<b>FT HDHP 4000</b>		
1	Team Member Only	\$740.13
2	Team Member & Spouse/DP	\$1,628.29
3	Team Member & Child(ren)	\$1,406.23
4	Family	\$2,220.39

DENTAL & VISION INSURANCE		
Provider		Monthly COBRA Premium
<b>Delta Dental - Basic Plan</b>		
1	Team Member Only	\$20.40
2	Team Member & Spouse/DP	\$40.80
2	Team Member & Child(ren)	\$63.24
2	Family	\$82.62
<b>Delta Dental - Premier Plan</b>		
1	Team Member Only	\$49.98
2	Team Member & Spouse/DP	\$96.90
3	Team Member & Child(ren)	\$133.62
4	Family	\$177.48
<b>Vision Service Plan</b>		
1	Team Member Only	\$9.30
2	Team Member & Spouse/DP	\$17.67
3	Team Member & Child(ren)	\$18.58
4	Family	\$27.34