PPO Plan Options

HDHP w HSA

CY 2026 - COBRA MONTHLY RATES

Coverage Tier	PPO $500	PPO $1000	PPO $1500	PPO Advantage $2000	PPO $2500	PPO Advantage $4500	PPO Advantage $5000	PPO $6000	HDHP $1700 (Aggregate)	HDHP $3400 (Embedded)	HDHP $5000 (Embedded)
Employee Only	$834.72	$814.37	$776.12	$662.17	$722.40	$636.13	$587.31	$678.45	$791.58	$665.43	$593.00
Employee + Spouse	$1,756.00	$1,707.98	$1,624.97	$1,392.21	$1,524.05	$1,337.68	$1,232.69	$1,421.50	$1,662.41	$1,396.28	$1,241.65
Employee + Child(ren)	$1,589.98	$1,545.21	$1,471.16	$1,260.36	$1,374.31	$1,209.90	$1,113.05	$1,283.97	$1,500.45	$1,265.25	$1,122.01
Employee + Family	$2,593.46	$2,520.22	$2,398.95	$2,054.69	$2,246.75	$1,974.12	$1,815.42	$2,100.26	$2,447.79	$2,066.08	$1,837.39

Coverage Tier	Dental & Vision
Employee Only	$44.88
Employee + Spouse	$87.31
Employee + Child(ren)	$88.94
Employee + Family	$135.46