



2026 COBRA Rates

Coverage Tier	PPO 80	PPO 70	HDHP w/HSA*	HPN (PA & NV only)
Employee Only	\$1,271.15	\$957.92	\$983.66	\$878.89
Employee + Spouse/DP	\$2,580.44	\$1,987.69	\$2,041.10	\$1,823.69
Employee + Child(ren)	\$2,440.61	\$1,867.95	\$1,918.14	\$1,713.83
Family	\$3,889.72	\$2,932.59	\$3,003.69	\$2,664.13

**Note: If enrolling in HDHP Cobra Plan, you will have access to use your HSA funds, however, you will no longer be able to contribute on a pre-tax basis.*

Coverage Tier	Delta Dental Premium	Delta Dental Value	Vision
Employee Only	\$44.58	\$25.71	\$8.49
Employee + Spouse/DP	\$93.63	\$54.00	\$16.95
Employee + Child(ren)	\$98.08	\$56.57	\$16.95
Family	\$150.69	\$87.62	\$27.30