2026 COBRA Rates

Health Reimbursement Arrangement (HRA) Plans

NEMOURS CHILDREN'S HEALTH®

Medical	Tier	HRA Total
High PPO/Pharmacy (previously the Red plan)	Associate	$ 1,202.37
	Associate + Children	$ 2,064.43
	Associate + Spouse	$ 2,620.24
	Associate + Family	$ 3,414.28
EPO/Pharmacy (previously the Blue plan)	Associate	$ 1,190.67
	Associate + Children	$ 2,044.52
	Associate + Spouse	$ 2,594.62
	Associate + Family	$ 3,380.47
Mid PPO/Pharmacy (previously the White plan)	Associate	$ 1,116.60
	Associate + Children	$ 1,918.63
	Associate + Spouse	$ 2,432.44
	Associate + Family	$ 3,166.46

Dental	Tier	Monthly Total
Premier with Ortho (previously the Red plan)	Associate	$ 50.18
	Associate + Children	$ 99.39
	Associate + Spouse	$ 88.27
	Associate + Family	$ 161.60
Complete with Ortho (previously the Blue plan)	Associate	$ 37.40
	Associate + Children	$ 77.19
	Associate + Spouse	$ 65.88
	Associate + Family	$ 124.94
Basic Care (previously the White plan)	Associate	$ 24.87
	Associate + Children	$ 48.12
	Associate + Spouse	$ 43.82
	Associate + Family	$ 80.12

Vision	Tier	Monthly Total
Premium Vision	Associate	$ 8.14
	Associate + Children	$ 17.40
	Associate + Spouse	$ 16.28
	Associate + Family	$ 27.86
Base Vision	Associate	$ 5.24
	Associate + Children	$ 11.20
	Associate + Spouse	$ 10.48
	Associate + Family	$ 17.92