2026 COBRA Rates

Medical	Tier	Monthly Total
High PPO/Pharmacy (previously the Red plan)	Associate	$ 1,134.37
	Associate + Children	$ 1,928.43
	Associate + Spouse	$ 2,484.24
	Associate + Family	$ 3,278.28
EPO/Pharmacy (previously the Blue plan)	Associate	$ 1,122.67
	Associate + Children	$ 1,908.52
	Associate + Spouse	$ 2,458.62
	Associate + Family	$ 3,244.47
Mid PPO/Pharmacy (previously the White plan)	Associate	$ 1,048.60
	Associate + Children	$ 1,782.63
	Associate + Spouse	$ 2,296.44
	Associate + Family	$ 3,030.46
Low PPO with HSA/Pharmacy (previously the Green plan)	Associate	$ 952.48
	Associate + Children	$ 1,619.16
	Associate + Spouse	$ 2,085.85
	Associate + Family	$ 2,752.55
SAVI Medical/Pharmacy	Associate	$ 115.94
	Associate + Children	$ 243.46
	Associate + Spouse	$ 220.28
	Associate + Family	$ 370.99

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