COBRA RATES THROUGH DECEMBER 2027

Effective January 1, 2027

Plan Description	2026 Monthly Premium Rates	*NEW 2027 Monthly Premium Rates
Health Insurance		
Blue Essentials HMO- New Plan		
Employee Only		**$769.08**
Dependent		**$769.08**
Spouse		**$769.08**
Parent/Child(ren)		**$943.50**
Employee/Spouse		**$1,024.08**
Family		**$1,198.50**
Blue Choice High Option PPO		
Employee Only	**$981.24**	**$981.24**
Dependent	**$981.24**	**$981.24**
Spouse	**$981.24**	**$981.24**
Parent/Child(ren)	**$1,211.76**	**$1,211.76**
Employee/Spouse	**$1,331.10**	**$1,331.10**
Family	**$1,558.56**	**$1,558.56**
Blue Choice High Deductible Health Plan		
Employee Only	**$748.68**	**$748.68**
Dependent	**$748.68**	**$748.68**
Spouse	**$748.68**	**$748.68**
Parent/Child(ren)	**$904.74**	**$904.74**
Employee/Spouse	**$973.08**	**$973.08**
Family	**$1,128.12**	**$1,128.12**
Tobacco Surcharge		
Employee Only	**$30.00**	**$30.00**
Dental Insurance		
Dental - High Option		
Employee Only	**$30.60**	**$26.52**
Dependent	**$30.60**	**$26.52**
Spouse	**$30.60**	**$26.52**
Parent/Child(ren)	**$71.40**	**$67.32**
Employee/Spouse	**$56.10**	**$52.02**
Family	**$94.86**	**$90.78**
Dental - Low Option		
Employee Only	**$16.32**	**$12.24**
Dependent	**$16.32**	**$12.24**
Spouse	**$16.32**	**$12.24**
Parent/Child(ren)	**$37.74**	**$33.66**
Employee/Spouse	**$29.58**	**$25.50**
Family	**$56.10**	**$52.02**
Vision Insurance		
Employee Only	**$6.83**	**$6.83**
Dependent	**$6.83**	**$6.83**
Spouse	**$6.83**	**$6.83**
Parent/Child(ren)	**$14.95**	**$14.95**
Employee/Spouse	**$11.95**	**$11.95**
Family	**$17.75**	**$17.75**
Employee Assistance Program (EAP)		
Employee/Dependent	**$1.03**	**$1.03**