COBRA INSURANCE RATES

JULY 1, 2025 - JUNE 30, 2026

RATE CHANGE DUE TO AGE 26 MANDATE

	MEDICAL		**DENTAL**	
	UHC PPO	UHC HDHP	DELTA DENTAL	VSP
SINGLE PREMIUM RATES				
PREMIUM:	1,299.04	860.00	86.00	8.96
2%	25.98	17.20	1.72	0.18
MONTHLY TOTAL	1,325.02	877.20	87.72	9.14
FAMILY PREMIUM RATES				
PREMIUM:	3,248.90	2,150.00	86.00	20.27
2%	64.98	43.00	1.72	0.41
MONTHLY TOTAL	3,313.88	2,193.00	87.72	20.68