2026 COBRA MONTHLY PREMIUM RATES

ANTHEM PPO PLUS	
EMPLOYEE	$1,132.28
EMPLOYEE + SPOUSE	$2,676.11
EMPLOYEE + CHILD(REN)	$1,677.11
FAMILY	$2,792.25

ANTHEM PPO CORE	
EMPLOYEE	$870.13
EMPLOYEE + SPOUSE	$2,056.53
EMPLOYEE + CHILD(REN)	$1,288.82
FAMILY	$2,145.78

ANTHEM HDHP	
EMPLOYEE	$726.65
EMPLOYEE + SPOUSE	$1,717.39
EMPLOYEE + CHILD(REN)	$1,076.29
FAMILY	$1,791.93

DELTA DENTAL	
EMPLOYEE	$38.42
EMPLOYEE + SPOUSE	$74.40
EMPLOYEE + CHILD(REN)	$82.10
FAMILY	$133.89

ANTHEM BLUE VIEW VISION	
EMPLOYEE	$6.65
EMPLOYEE + SPOUSE	$11.91
EMPLOYEE + CHILD(REN)	$13.92
FAMILY	$17.24

All COBRA premiums are effective January 1, 2026. Rates include monthly premiums plus a 2% administrative fee. Employee Benefits Corporation (EBC) administers our COBRA plans and will mail plan information. Enrollment and payments are made directly with EBC.