

2027 COBRA Monthly Rates

Plan	Associate Only	Associate + Spouse/Partner	Associate + Child(ren)	Associate + Family
Medical / Rx - Collective Health Highmark BCBS Medical/ ESI Evernorth Rx				
Complete PPO	\$705.78	\$2,030.69	\$1,269.18	\$2,755.06
Essentials PPO	\$616.55	\$1,773.94	\$1,108.70	\$2,406.72
Balanced CDHP	\$543.53	\$1,563.87	\$977.41	\$2,121.71
Kaiser Medical (California only)				
Complete HMO	\$860.52	\$2,065.25	\$1,548.94	\$2,753.67
Essentials HMO	\$813.21	\$1,951.71	\$1,463.79	\$2,602.28
Balanced CDHP	\$543.53	\$1,563.87	\$977.41	\$2,121.71
Dental				
MetLife Basic	\$28.80	\$60.45	\$71.56	\$103.68
MetLife Enhanced	\$48.01	\$100.75	\$119.26	\$172.80
Vision				
MetLife Basic	\$3.86	\$9.27	\$6.98	\$12.28
MetLife Enhanced	\$7.26	\$17.44	\$13.05	\$23.23

Rates shown are Monthly COBRA rates including the 2% administrative fee.