REAL LIFE.
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TOPS™ PRODUCTS

2027 COBRA Monthly Rates

TOPS PRODUCTS
JANUARY 1 - DECEMBER 31, 2027

If you continue your benefits through COBRA after leaving the Company, these are the monthly rates for 2027. Rates are shown by coverage level.

MEDICAL

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
HSA Core	$886.21	$1,861.04	$1,717.16	$2,859.12
HSA Value	$934.02	$1,961.45	$1,809.81	$3,013.38
Copay PPO	$978.53	$2,054.91	$1,896.05	$3,156.97

DENTAL

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
MetLife PPO	$29.62	$59.21	$57.72	$87.35
MetLife PPO Plus	$47.67	$95.33	$92.93	$140.60

VISION

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
EyeMed	$5.72	$10.46	$10.18	$14.08
EyeMed Enhanced	$17.15	$31.30	$30.49	$42.17

Questions about your COBRA options?
Contact the LSC Benefits Center, M-F, 7:00 a.m. to 7:00 p.m. CT.
Visit **mylscbenefits.com** for plan details.

888-681-2241

The descriptions provided in this sheet are based on the official Plan documents. In the unlikely event of a discrepancy, the official Plan documents will control. TOPS Products reserves the right to amend, change, or terminate any or all of the benefit plans it sponsors, in whole or in part, at any time.