

2026 COBRA Cost of Coverage

AETNA HDHP MEDICAL		Your Cost per Month
Employee Only		\$844.32
Employee + Spouse/Domestic Partner		\$1,975.75
Employee + Children		\$1,722.43
Employee + Family		\$2,600.56
AETNA PPO MEDICAL		Your Cost per Month
Employee Only		\$1,143.22
Employee + Spouse/Domestic Partner		\$2,675.17
Employee + Children		\$2,332.21
Employee + Family		\$3,521.19
KAISER HMO MEDICAL (CA Only)		Your Cost per Month
Employee Only		\$814.45
Employee + Spouse/Domestic Partner		\$1,791.81
Employee + Children		\$1,628.91
Employee + Family		\$2,443.37

DELTA DENTAL PPO		Your Cost per Month
Employee Only		\$49.89
Employee + Spouse/Domestic Partner		\$102.11
Employee + Children		\$122.78
Employee + Family		\$188.77
VSP VISION		Your Cost per Month
Employee Only		\$8.39
Employee + Spouse/Domestic Partner		\$16.81
Employee + Children		\$14.23
Employee + Family		\$23.48
MODERN HEALTH		Your Cost per Month
Employee + Dependents		\$13.00