



2025 – 2026 COBRA MONTHLY RATES
(July 1, 2025 – June 30, 2026)

MEDICAL

	<u>PREMERA BLUE CROSS PLAN A</u>	<u>PREMERA BLUE CROSS PLAN B</u>	<u>KAISER PERMANENTE HMO PLAN</u>
Employee Only	\$1,099.56	\$1,024.08	\$846.60
Employee & Spouse/Domestic Partner	\$2,248.08	\$2,095.08	\$1,760.52
Employee & Child(ren)	\$1,862.52	\$1,734.00	\$1,421.88
Employee, Spouse/Domestic Partner & Child(ren)	\$2,949.84	\$2,747.88	\$2,284.80
Spouse/Domestic Partner Only	\$1,099.56	\$1,024.08	\$846.60
Spouse/Domestic Partner & Child(ren)	\$1,862.52	\$1,734.00	\$1,421.88
Child(ren) Only	\$1,099.56	\$1,024.08	\$846.60

DENTAL

	<u>DELTA DENTAL OF WASHINGTON PLAN A</u>	<u>DELTA DENTAL OF WASHINGTON PLAN B</u>
Employee Only	\$61.20	\$42.84
Employee & Spouse/Domestic Partner	\$157.08	\$89.76
Employee & Child(ren)	\$114.24	\$67.32
Employee, Spouse/Domestic Partner & Child(ren)	\$210.12	\$120.36
Spouse/Domestic Partner Only	\$61.20	\$42.84
Spouse/Domestic Partner & Child(ren)	\$114.24	\$67.32
Child(ren) Only	\$61.20	\$42.84