

COBRA

2026 Monthly Costs

Vendor	Plan	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Family
Anthem	High Deductible Health Plan	\$897.90	\$1,880.46	\$1,626.55	\$2,585.75
	PPO	\$983.40	\$2,055.30	\$1,789.79	\$2,792.86
Anthem Dental	Dental Basic	\$30.96	\$64.97	\$55.68	\$89.71
Anthem Dental	Dental Enhanced	\$62.97	\$132.23	\$113.31	\$182.57
VSP	Vision Basic	\$7.85	\$16.11	\$13.87	\$22.12
VSP	Vision Enhanced	\$20.75	\$42.18	\$36.36	\$57.73
Anthem Behavioral Health	Employee Assistance Program	\$2.09	\$2.09	\$2.09	\$2.09