

2026 Health, Dental & Vision Monthly COBRA Premiums

	You Only	You & Spouse	You, Spouse & 1 Child	You, Spouse & 2 Children	You, Spouse & 3 or More Children	You & 1 Child	You & 2 Children	You & 3 or More Children
National Health Options								
Anthem Blue Cross HDHP	\$790	\$1,909	\$2,332	\$2,756	\$3,366	\$1,214	\$1,637	\$2,247
Anthem Blue Cross PCP	\$1,144	\$2,763	\$3,376	\$3,989	\$4,872	\$1,757	\$2,370	\$3,253
Regional Health Options								
Aetna HMO (AZ)	\$1,218	\$2,824	\$3,457	\$3,457	\$3,457	\$2,179	\$2,179	\$2,179
Kaiser Permanente HMO* (CA)	\$850	\$2,023	\$2,465	\$2,898	\$3,536	\$1,292	\$1,726	\$2,363
Presbyterian HMO (NM)	\$941	\$1,651	\$1,884	\$2,116	\$2,232	\$1,173	\$1,405	\$1,521
HMSA (Hawaii)	\$859	\$1,718	\$2,577	\$2,577	\$2,577	\$1,718	\$2,577	\$2,577
Connected Care Options (For Arizona, Northern California, New Mexico and Oregon)								
Connected Care ACN HDHP (AZ)	\$665	\$1,607	\$1,963	\$2,320	\$2,833	\$1,022	\$1,378	\$1,892
Connected Care ACN Primary Care Plus (AZ)	\$1,166	\$2,817	\$3,441	\$4,067	\$4,967	\$1,791	\$2,416	\$3,316
Connected Care CA HDHP (Northern CA)	\$762	\$1,841	\$2,249	\$2,658	\$3,246	\$1,170	\$1,579	\$2,167
Connected Care Presbyterian HDHP (NM)	\$622	\$1,502	\$1,835	\$2,168	\$2,648	\$955	\$1,288	\$1,768
Connected Care Presbyterian Copay (NM)	\$972	\$2,348	\$2,869	\$3,390	\$4,141	\$1,493	\$2,014	\$2,765
Connected Care Kaiser HDHP (OR)	\$588	\$1,400	\$1,705	\$2,005	\$2,446	\$894	\$1,194	\$1,635
Connected Care Kaiser Copay (OR)	\$687	\$1,635	\$1,992	\$2,342	\$2,858	\$1,044	\$1,395	\$1,910
Connected Care Providence HDHP (OR)	\$648	\$1,564	\$1,911	\$2,259	\$2,759	\$995	\$1,342	\$1,842
Connected Care Providence Primary Care Plus (OR)	\$1,113	\$2,690	\$3,286	\$3,883	\$4,743	\$1,710	\$2,307	\$3,167
Dental Options								
Delta Dental PPO	\$51	\$104	\$136	\$168	\$215	\$84	\$116	\$162
DeltaCare USA DHMO	\$21	\$35	\$53	\$53	\$53	\$38	\$38	\$38
Kaiser Permanente DHMO (OR)	\$84	\$199	\$243	\$285	\$348	\$127	\$170	\$233
Vision Options								
VSP Basic Vision	\$8	\$15	\$17	\$18	\$21	\$9	\$11	\$13
VSP Vision Plus	\$17	\$33	\$37	\$42	\$46	\$21	\$25	\$30

*These options are all self funded with the exception of HMSA, DeltaCare USA DHMO and Kaiser Permanente DHMO.