COBRA-Gen County - 2026

NON-MEDICARE RATES	Providence Personal Option	Providence Open Option $750 Deductible	Providence Open High Deductible Option	Kaiser	Kaiser High Deductible
COBRA Participant	889.44	1,044.48	884.24	909.02	718.67
Participant & Spouse	1,774.80	2,083.86	1,768.64	1,818.03	1,437.34
Participant & Child(ren)	1,600.38	1,879.86	1,591.67	1,636.22	1,293.60
Participant, Spouse and Child(ren)	2,664.24	3,126.30	2,652.82	2,726.95	2,156.16

DENTAL (TO AGE 65 ONLY)	MODA PREV	MODA INC	MODA 50%	KAISER
COBRA Participant	88.74	99.96	34.68	108.59
Participant & Spouse	177.48	204.00	68.34	215.00
Participant & Child(ren)	126.48	142.80	45.90	149.86
Participant, Spouse and Child(ren)	217.26	244.80	82.62	257.33

EAP	CANOPY
COBRA Participant/Family	3.37