COBRA-POA - 2026

NON-MEDICARE RATES	Providence Personal	Providence $50 Open	Providence High Deductible Open	Kaiser	Kaiser High Deductible
COBRA Participant	982.26	1,050.60	884.24	944.56	718.67
Participant & Spouse	1,961.46	2,097.12	1,768.64	1,889.12	1,437.34
Participant & Child(ren)	1,768.68	1,891.08	1,591.67	1,700.22	1,293.60
Participant, Spouse and Child(ren)	2,946.78	3,148.74	2,652.82	2,833.60	2,156.16

DENTAL (TO AGE 65 ONLY)	MODA	KAISER
COBRA Participant	76.50	108.59
Participant & Spouse	153.00	215.00
Participant & Child(ren)	109.14	149.86
Participant, Spouse and Child(ren)	184.62	257.33

EAP	CANOPY
COBRA Participant / Family	3.37