

MONTHLY COBRA AND LOA

2026 Rates

MEDICAL AND PRESCRIPTION	KAISER MEDICAL AND PRESCRIPTION	CAREFIRST MEDICAL	CVS CAREMARK PRESCRIPTION	CAREFIRST MEDICAL AND PRESCRIPTION
COBRA	Monthly	Monthly	Monthly	Monthly
Employee Only	\$ 785.10	\$ 651.40	\$260.99	\$ 912.39
Employee + Child(ren)	\$1,570.21	\$1,302.81	\$521.99	\$1,824.79
Employee + Spouse	\$1,648.72	\$1,367.95	\$548.09	\$1,916.04
Family	\$2,041.28	\$1,715.01	\$687.13	\$2,402.14
LEAVE OF ABSENCE	Monthly	Monthly	Monthly	Monthly
Employee Only	\$ 769.71	\$ 638.63	\$255.87	\$ 894.50
Employee + Child(ren)	\$1,539.42	\$1,277.26	\$511.75	\$1,789.01
Employee + Spouse	\$1,616.39	\$1,341.13	\$537.34	\$1,878.47
Family	\$2,001.25	\$1,681.38	\$673.66	\$2,355.04

DENTAL AND VISION	AETNA DENTAL PPO	CAREFIRST VISION
COBRA	Monthly	Monthly
Employee Only	\$ 51.53	\$ 5.10
Employee + Child(ren)	\$103.06	\$10.20
Employee + Spouse	\$108.22	\$10.71
Family	\$149.44	\$14.79
LEAVE OF ABSENCE	Monthly	Monthly
Employee Only	\$ 50.52	\$ 5.00
Employee + Child(ren)	\$101.04	\$10.00
Employee + Spouse	\$106.10	\$10.50
Family	\$146.51	\$14.50

Please note, the monthly deduction amounts may vary slightly from the actual monthly deductions due to rounding.