MONTHLY COBRA AND LOA

2027 RATES

	KAISER PERMANENTE MEDICAL AND PRESCRIPTION	CAREFIRST MEDICAL	CVS/CAREMARK PRESCRIPTION	CAREFIRST MEDICAL AND PRESCRIPTION
COBRA	**Monthly**	**Monthly**	**Monthly**	**Monthly**
Employee Only	$796.88	$670.94	$260.99	$931.93
Employee + Child(ren)	$1,593.75	$1,341.89	$521.99	$1,863.87
Employee + Spouse	$1,673.44	$1,408.99	$548.09	$1,957.08
Family	$2,071.88	$1,775.03	$687.13	$2,462.17
Leave of Absence	**Monthly**	**Monthly**	**Monthly**	**Monthly**
Employee Only	$781.25	$657.79	$255.87	$913.66
Employee + Child(ren)	$1,562.50	$1,315.58	$511.75	$1,827.33
Employee + Spouse	$1,640.63	$1,381.36	$537.34	$1,918.70
Family	$2,031.25	$1,740.23	$673.66	$2,413.89

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



OUR FOCUS IS You