2027 COBRA Premium Rates

Medical, Dental, and Vision Coverage

Medical

Plan	You Only	You + Spouse	You + Child(ren)	You + Family
Anthem Premium PPO Plan	$726.24	$1,669.74	$1,469.82	$2,413.32
Clear Choice	$724.20	$1,666.68	$1,466.76	$2,409.24
Anthem Basic PPO Plan	$693.60	$1,594.26	$1,403.52	$2,305.20
Core Choice	$677.28	$1,556.52	$1,370.88	$2,250.12
Core Value	$635.46	$1,461.66	$1,286.22	$2,112.42
Essential Plan	$570.18	$1,311.72	$1,154.64	$1,896.18

Dental

Plan	You Only	You + Spouse	You + Child(ren)	You + Family
Delta Dental Basic	$14.18	$36.86	$36.15	$41.82
Delta Dental Comprehensive	$29.60	$76.96	$75.48	$87.31

Vision

Plan	You Only	You + Spouse	You + Child(ren)	You + Family
Anthem Vision	$5.72	$14.74	$14.18	$16.44