

2026

EMPLOYEE BENEFITS



RATE SHEET OVERVIEW

COBRA Monthly Rates

Medical Plans - Cigna

	High PPO	Mid PPO	Base PPO	HDHP with HSA
Employee	\$943.88	\$861.14	\$801.21	\$689.88
Employee + Spouse	\$1,982.14	\$1,808.40	\$1,682.54	\$1,448.78
Employee + Child(ren)	\$1,793.38	\$1,636.17	\$1,522.30	\$1,310.80
Family	\$2,831.61	\$2,583.42	\$2,403.63	\$2,069.68

Medical Plan – Kaiser Permanente (for CA Residents only)

Employee	\$686.21
Employee + Spouse	\$1,429.58
Employee + Child(ren)	\$1,243.76
Family	\$2,187.30

Dental Plans - Cigna

	Low DPPO	High DPPO
Employee	\$36.03	\$49.95
Employee + Spouse	\$71.29	\$98.84
Employee + Child(ren)	\$95.39	\$132.26
Family	\$144.06	\$199.58

Vision Plan

Employee	\$6.39
Employee + Spouse	\$12.77
Employee + Child(ren)	\$12.89
Family	\$20.58