



2026 COBRA Employee Health Plan Monthly Direct Bill Rate Table

EMPLOYEE HEALTH PLANS	MONTHLY PREMIUMS
CIGNA CHOICE HMO	
Participant Only	\$1,192.53
Participant With 1 Dependent	\$2,356.51
Participant With 2 or More Dependents	\$3,278.40
CIGNA SELECT HMO	
Participant Only	\$957.73
Participant With 1 Dependent	\$1,892.84
Participant With 2 or More Dependents	\$2,633.70
KAISER CHOICE HMO	
Participant Only	\$845.67
Participant With 1 Dependent	\$1,691.34
Participant With 2 or More Dependents	\$2,393.26
SHAREWELL CHOICE PPO	
Participant Only	\$821.42
Participant With 1 Dependent	\$1,437.41
Participant With 2 or More Dependents	\$1,889.23
WELLWISE CHOICE PPO	
Participant Only	\$1,249.30
Participant With 1 Dependent	\$2,311.20
Participant With 2 or More Dependents	\$3,123.24