



2026 COBRA Retiree Health Plan - Non Medicare Monthly Direct Bill Rate Table

RETIREES NOT ENROLLED IN MEDICARE					
RETIREE ENROLLMENT STATUS	HMO Plans			PPO PLANS	
	Cigna Choice Retiree HMO Plan Monthly Rate	Cigna Select Retiree HMO Plan Monthly Rate	Kaiser Retiree HMO Plan Monthly Rate	Sharewell Retiree PPO Plan Monthly Rate	Wellwise Retiree PPO Plan Monthly Rate
RETIREE ONLY					
Retiree Only	\$1,430.38	\$1,148.61	\$1,014.82	\$985.70	\$1,499.16
Spouse Only	\$1,430.38	\$1,148.61	\$1,014.82	\$985.70	\$1,499.16
Child(ren) Only*	\$1,430.38	\$1,148.61	\$1,014.82	\$985.70	\$1,499.16
RETIREE WITH 1 DEPENDENT*					
Retiree + Spouse	\$2,826.15	\$2,269.77	\$2,029.64	\$1,724.90	\$2,773.44
Retiree + Child(ren)*	\$2,826.15	\$2,269.77	\$2,029.64	\$1,724.90	\$2,773.44
Spouse + Child(ren)*	\$2,826.15	\$2,269.77	\$2,029.64	\$1,724.90	\$2,773.44
RETIREE WITH 2+ DEPENDENTS					
Retiree + Spouse+ Child(ren)*	\$3,931.44	\$3,157.80	\$2,871.93	\$2,267.07	\$3,747.89
* Children are considered 1 dependent					



2026 COBRA Retiree Health Plan - Medicare Monthly Direct Bill Rate Table

RETIREES ENROLLED IN MEDICARE					
RETIREE ENROLLMENT STATUS	MEDICARE ADVANTAGE PLANS			PPO PLANS	
	PPO Plan	HMO Plans			
	Humana Retiree Medicare PPO Plan Monthly Rate	Kaiser Sr. Advantage HMO Plan Monthly Rate	SCAN Retiree Medicare HMO Plan Monthly Rate	Sharewell Retiree PPO Plan Monthly Rate	Wellwise Retiree Medicare PPO Plan Monthly Rate
RETIREE ONLY					
Retiree Only - Part B Only	\$808.82	\$491.93	NA	\$825.64	\$929.92
Retiree Only - Part A & B	\$248.98	\$225.65	\$280.50	\$562.39	\$666.45
RETIREE W/1 DEPENDENT					
Two W/ Medicare Part B Only	\$1,617.64	\$983.85	NA	\$1,651.27	\$1,859.85
Two W/ Medicare Part A & B	\$497.96	\$451.31	\$561.00	\$1,124.76	\$1,332.89
RETIREE W/2 DEPENDENT					
Three W/ Medicare Part B Only	\$2,426.46	\$1,475.78	NA	\$2,476.91	\$2,789.77
Three W/ Medicare Part A & B	\$746.95	\$676.96	\$841.50	\$1,687.15	\$1,999.33