

2027 Monthly COBRA Rates

Medical:

ALLEGIANCE	HDHP 1 COBRA / HDHP 1 COBRA RX / TELADOC (HDHP 1 COBRA)	HDHP 2 COBRA / HDHP 2 COBRA RX / TELADOC (HDHP 2 COBRA)	OAP COBRA / OAP COBRA RX / TELADOC (OAP COBRA)
	☐ Single \$984.82 ☐ Single + Child \$1,706.38 ☐ Single + Child(ren) \$1,706.38 ☐ Single + Spouse \$1,969.64 ☐ Family \$3,549.26	☐ Single \$924.51 ☐ Single + Child \$1,605.81 ☐ Single + Child(ren) \$1,605.81 ☐ Single + Spouse \$1,848.96 ☐ Family \$3,307.94	☐ Single \$1,172.81 ☐ Single + Child \$2,052.60 ☐ Single + Child(ren) \$2,052.60 ☐ Single + Spouse \$2,345.81 ☐ Family \$4,105.15
ALLEGIANCE	PR Indemnity COBRA / PR INDEMNITY COBRA RX / TELADOC (PR INDEMNITY COBRA)		
	☐ Single \$1,172.81 ☐ Single + Child \$2,052.60 ☐ Single + Child(ren) \$2,052.60 ☐ Single + Spouse \$2,345.81 ☐ Family \$4,105.15		

Dental:

METLIFE	METLIFE BASIC DENTAL (BASIC DENTAL)	METLIFE PREMIUM DENTAL (PREMIUM DENTAL)	
	☐ Single \$51.40 ☐ Single + Child \$95.06 ☐ Single + Child(ren) \$95.06 ☐ Single + Spouse \$89.93 ☐ Family \$141.81	☐ Single \$75.06 ☐ Single + Child \$144.96 ☐ Single + Child(ren) \$144.96 ☐ Single + Spouse \$131.39 ☐ Family \$216.24	

Vision:

METLIFE	METLIFE BASIC VISION (BASIC VISION)	METLIFE PREMIUM VISION (PREMIUM VISION)	
	☐ Single \$6.69 ☐ Single + Child \$11.11 ☐ Single + Child(ren) \$11.11 ☐ Single + Spouse \$10.37 ☐ Family \$17.75	☐ Single \$12.60 ☐ Single + Child \$20.94 ☐ Single + Child(ren) \$20.94 ☐ Single + Spouse \$19.55 ☐ Family \$33.45	