

2025-26 Monthly COBRA Rates for Employees Eligible for Transition Services

COBRA Premium per Month for First Three Months of COBRA Continuation (Full-Time Appointment)				
Coverage	Plan	Coverage Tier	University Monthly Contribution	COBRA Participant Monthly Contribution
Medical / Prescription	PPO2	Single	\$666.25	\$166.56
		Two Person	\$1,379.13	\$344.79
		Family	\$1,685.61	\$421.41
	HSA-Advantage HDHP*	Single	\$661.69	\$65.44
		Two Person	\$1,366.83	\$135.18
		Family	\$1,669.98	\$165.16
	HSA-Advantage Plus HDHP*	Single	\$638.45	\$0.00
		Two Person	\$1,318.43	\$0.00
		Family	\$1,610.75	\$0.00
Dental	Core	Single	\$32.62	\$6.16
		Two Person	\$67.19	\$12.70
		Family	\$83.83	\$15.84
	Buy Up	Single	\$32.62	\$34.09
		Two Person	\$67.19	\$70.23
		Family	\$83.83	\$89.61
Vision	Standard	Single	\$0.00	\$6.40
		Two Person	\$0.00	\$12.82
		Family	\$0.00	\$20.62
	Premium	Single	\$0.00	\$9.97
		Two Person	\$0.00	\$19.96
		Family	\$0.00	\$32.12

COBRA Premium per Month for First Three Months of COBRA Continuation (Part-Time Appointment)				
Coverage	Plan	Coverage Tier	University Monthly Contribution	COBRA Participant Monthly Contribution
Medical / Prescription	PPO2	Single	\$666.25	\$166.56
		Two Person	\$666.25	\$1,057.67
		Family	\$666.25	\$1,440.77
	HSA-Advantage HDHP*	Single	\$661.69	\$65.44
		Two Person	\$527.13	\$974.88
		Family	\$661.69	\$1,173.45
	HSA-Advantage Plus HDHP*	Single	\$638.45	\$0.00
		Two Person	\$638.45	\$679.98
		Family	\$638.45	\$972.30
Dental	Core	Single	\$0.00	\$38.78
		Two Person	\$0.00	\$79.89
		Family	\$0.00	\$99.67
	Buy Up	Single	\$0.00	\$66.71
		Two Person	\$0.00	\$137.42
		Family	\$0.00	\$173.44
Vision	Standard	Single	\$0.00	\$6.40
		Two Person	\$0.00	\$12.82
		Family	\$0.00	\$20.62
	Premium	Single	\$0.00	\$9.97
		Two Person	\$0.00	\$19.96
		Family	\$0.00	\$32.12

*Annual university HSA contributions were contributed the first pay period of the plan year.

COBRA Premium per Month Starting with the Fourth Month of COBRA Continuation (Effective through June 30, 2026) without 2% admin fee			
Coverage	Plan	Coverage Tier	COBRA Participant Monthly Contribution
Medical/ Prescription	PPO2	Single	\$832.81
		Two Person	\$1,723.92
		Family	\$2,107.02
	HSA-Advantage HDHP	Single	\$727.13
		Two Person	\$1,502.01
		Family	\$1,835.14
	HSA-Advantage Plus HDHP	Single	\$638.45
		Two Person	\$1,318.43
		Family	\$1,610.75
Dental	Core	Single	\$38.78
		Two Person	\$79.89
		Family	\$99.67
	Buy Up	Single	\$66.71
		Two Person	\$137.42
		Family	\$173.44
Vision	Standard	Single	\$6.40
		Two Person	\$12.82
		Family	\$20.62
	Premium	Single	\$9.97
		Two Person	\$19.96
		Family	\$32.12

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