



**U.S. Monthly COBRA Rates**

Effective January 1, 2026

Plan	Single	Beneficiary + Spouse	Beneficiary + Child(ren)	Beneficiary + Family
Medical - Aetna Choice POS II	\$896.14	\$1,881.90	\$1,433.83	\$2,598.80
Medical - Aetna HDHP Choice POS II	\$772.37	\$1,622.00	\$1,235.81	\$2,239.90
Medical - Surest PPO	\$814.40	\$1,710.24	\$1,303.05	\$2,361.78
Dental - Guardian without Ortho	\$32.72	\$66.68	\$73.52	\$113.60
Dental - Guardian with Ortho	\$31.85	\$64.73	\$76.92	\$116.72
Vision - VSP	\$10.30	\$20.60	\$22.03	\$35.21

**PR Monthly Rates**

Effective January 1, 2026

Plan	Single	Beneficiary + Spouse	Beneficiary + Child(ren)	Beneficiary + Family
Medical/Dental	\$405.10	\$870.78	\$680.49	\$1,155.00
VSP	\$10.30	\$20.60	\$22.03	\$35.21