

# 2026 COBRA RATES

Program	Member Only	Member + Spouse	Member + Child(ren)	Member + Spouse + Child(ren)
Simplot Medical Program	<b>\$756.73</b>	<b>\$1,589.56</b>	<b>\$1,303.46</b>	<b>\$2,136.29</b>
Dental Program	<b>\$45.70</b>	<b>\$91.37</b>	<b>\$91.37</b>	<b>\$137.04</b>
Vision Program	<b>\$12.97</b>	<b>\$23.27</b>	<b>\$23.27</b>	<b>\$36.22</b>
EAP	<b>\$37.74</b>	<b>\$37.74</b>	<b>\$37.74</b>	<b>\$37.74</b>
Hawaii HMAA	Member Only	Member + Spouse	Member + 1 child	Family
	<b>\$861.80</b>	<b>\$1,897.71</b>	<b>\$1,552.42</b>	<b>\$2,674.61</b>
Hawaii Kaiser	Member Only	Member + 1 Dependent		Member + 2 or more
	<b>\$795.00</b>	<b>\$1,590.00</b>		<b>\$2,384.99</b>

Rates as of 1/1/26. The above are the monthly full pay rates for COBRA. If you qualify for a co-sponsored rate due to special circumstances you will be provided those rates at the applicable time.