

2026 COBRA RATES

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

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.