2027 COBRA RATES

Program	Member Only	Member + Spouse	Member + Child(ren)	Member + Spouse + Child(ren)
Simplot Medical Program	**$852.08**	**$1,789.85**	**$1,467.70**	**$2,405.46**
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
	$929.73	**$2,047.23**	**$1,674.88**	**$2,885.46**
Hawaii Kaiser	Member Only	Member + 1 Dependent		Member + 2 or more
	$953.25	**$1,900.38**		**$2,850.57**

Rates as of 1/1/27. 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.