2027 CO-SPONSORED COBRA RATES

Program	Member Only	Member + Spouse	Member + Child(ren)	Member + Spouse + Child(ren)
Simplot Medical Program	**$128.01**	**$457.47**	**$280.50**	**$609.45**
Simplot Medical Program with Discount	**$42.33**	**$283.05**	**$194.82**	**$439.62**
Dental Program	**$10.71**	**$33.15**	**$33.15**	**$55.59**
Vision Program	**$5.81**	**$16.52**	**$16.52**	**$29.27**
Hawaii HMAA	Member Only	Member + Spouse	Member + 1 child	Family
	$18.23	**$714.86**	**$487.68**	**$1,089.44**
Hawaii Kaiser	Member Only	Member + 1 Dependent		Member + 2 or more
	$18.69	**$568.00**		**$1,054.56**
EAP	**$0**	**$0**	**$0**	**$0**

Rates as of 1/1/2027. The above are the monthly co-sponsored rates for COBRA.