

2026 Monthly COBRA Rates

OhioHealthy Medical Plans

| Coverage Level | Core PPO | Enhanced PPO | HDHP | PPO Assist |
|------------------------|-------------|--------------|-------------|-------------|
| Associate Only | \$ 1,066.92 | \$ 1,097.12 | \$ 1,056.00 | \$ 1,118.59 |
| Associate + Spouse | \$ 2,667.30 | \$ 2,742.80 | \$ 2,639.99 | \$ 2,796.48 |
| Associate + Child(ren) | \$ 2,027.15 | \$ 2,084.52 | \$ 2,006.40 | \$ 2,125.32 |
| Associate + Family | \$ 3,627.52 | \$ 3,730.19 | \$ 3,590.39 | \$ 3,803.21 |

Dental & Vision

| Coverage Level | Dental | Vision |
|-----------------------|-----------|----------|
| Associate Only | \$ 39.22 | \$ 13.22 |
| Associate + 1 | \$ 70.91 | \$ 19.04 |
| Associate + 2 or more | \$ 123.35 | \$ 34.11 |

O'Bleness Bargaining Unit

| Coverage Level | Medical | Dental | Vision |
|----------------|-------------|--------------------------|--------|
| Associate | \$ 2,373.36 | contact AFSCME for rates | |
| Family | \$ 6,234.83 | | |

Genomic Life

| Coverage Level | Under age 50 | Age 50-64 | Age 64+ |
|---------------------------------|--------------|-----------|----------|
| Associate Only | \$ 18.37 | \$ 22.43 | \$ 26.52 |
| Associate + Child(ren) | \$ 18.37 | \$ 22.43 | \$ 26.52 |
| Associate + Spouse + Child(ren) | \$ 36.73 | \$ 44.89 | \$ 53.04 |