2027 COBRA Monthly Rates

MEDICAL PLANS

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

OTHER COVERAGE

Coverage	Coverage tier	Monthly COBRA rate
O'Bleness Bargaining Unit	Associate Only	$2,055.32
	Associate + Family	$5,399.33
O'Bleness Dental and Vision	Associate Only	*Contact AFSCME for rates*
	Associate + Family	*Contact AFSCME for rates*
Dental	Associate Only	$34.48
	Associate + 1	$68.38
	Associate + 2 or more	$136.34
Vision	Associate Only	$13.22
	Associate + 1	$19.05
	Associate + 2 or more	$34.10
Genomic Life	Associate Only	$18.37
	Associate + Spouse	$36.73

QUICK REFERENCE

All amounts shown are monthly and include the 2% administrative fee.

Choose the plan and coverage tier that applies to you.

OhioHealth