



2026 MONTHLY COBRA RATES (includes 2% admin fee)

MEDICAL/RX PLAN RATES

SAL & ATU	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Premium	\$1,358.04	\$2,648.13	\$2,430.87	\$3,721.02
Preferred	\$1,121.58	\$2,187.07	\$2,007.67	\$3,073.07
Economy	\$1,004.71	\$1,959.20	\$1,798.44	\$2,752.94
HDHP	\$827.38	\$1,613.36	\$1,480.99	\$2,267.02

IBEW	Employee Only	Employee + Family
Premium	\$1,358.04	\$3,053.33
Preferred	\$1,121.58	\$2,521.70
Economy	\$1,004.71	\$2,258.95

RETIREE/SURVIVING SPOUSE	Premium		Preferred		Economy	
	Single	Family	Single	Family	Single	Family
Tier 3 Retired 12/1/04 & After						
Tier 3 Non Medicare	\$1,864.28	\$4,191.49	\$1,539.63	\$3,461.73	\$1,379.27	\$3,101.01
Tier 3 Medicare	\$1,119.31	\$2,193.86	\$966.80	\$1,895.00	\$902.52	\$1,768.82

DENTAL PLAN RATES

SALARIED	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
High Option	\$24.02	\$48.06	\$70.84	\$95.66
Low Option	\$15.14	\$30.33	\$46.17	\$62.31

HOURLY	Employee Only	Employee + Family
High Option	\$24.02	\$74.74
Low Option	\$15.14	\$46.24

VISION PLAN RATES

ALL	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
	\$3.91	\$7.44	\$7.83	\$11.62

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