

2026 MONTHLY COBRA RATES

Administered by HRPro

Anthem \$2,000/\$4,000 High Deductible Health Plan

Coverage Tier	Monthly Cost
Individual Only	\$791.75
Individual + Spouse	\$1,741.84
Individual + Child(ren)	\$1,425.14
Family	\$2,375.24

Anthem \$4,000/\$8,000 High Deductible Health Plan

Coverage Tier	Monthly Cost
Individual Only	\$719.86
Individual + Spouse	\$1,583.70
Individual + Child(ren)	\$1,295.76
Family	\$2,159.59

Anthem \$6,000/\$12,000 High Deductible Health Plan

Coverage Tier	Monthly Cost
Individual Only	\$664.11
Individual + Spouse	\$1,461.05
Individual + Child(ren)	\$1,195.40
Family	\$1,992.34

Anthem \$2,000/\$4,000 PPO Copay Plan

Coverage Tier	Monthly Cost
Individual Only	\$803.57
Individual + Spouse	\$1,767.85
Individual + Child(ren)	\$1,446.42
Family	\$2,410.71

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Delta Dental Base Dental Plan

Coverage Tier	Monthly Cost
Individual Only	\$24.20
Individual + Spouse	\$48.00
Individual + Child(ren)	\$62.41
Family	\$87.03

Delta Dental Enhanced Dental Plan

Coverage Tier	Monthly Cost
Individual Only	\$36.81
Individual + Spouse	\$73.04
Individual + Child(ren)	\$113.52
Family	\$151.11

Anthem Vision Plan

Coverage Tier	Monthly Cost
Individual Only	\$6.40
Individual + Spouse	\$11.21
Individual + Child(ren)	\$12.18
Family	\$18.57

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