



2027 COBRA MONTHLY PREMIUMS

MEDICAL

Aetna Open Access Select/Best Choice EPO	Monthly Premium Effective 1/1/2027
Employee	\$800.70
Employee & Spouse	\$1681.46
Employee & Children	\$1551.47
Family	\$2583.24
Aetna Open Access Select EPO Plan	Monthly Premium Effective 1/1/2027
Employee	\$750.58
Employee & Spouse	\$1576.23
Employee & Children	\$1454.38
Family	\$2421.58
Aetna Choice® POS II - HDHP (High-Deductible Health Plan)	Monthly Premium Effective 1/1/2027
Employee	\$781.13
Employee & Spouse	\$1635.33
Employee & Children	\$1466.26
Family	\$2458.25

DENTAL

AETNA DENTAL (DPPO)	Monthly Premium Effective 1/1/2027
Employee	\$27.42
Employee & Spouse	\$57.01
Employee & Children	\$53.36
Family	\$90.55
AETNA DENTAL (DMO)	Monthly Premium Effective 1/1/2027
Employee	\$17.67
Employee & Spouse	\$33.56
Employee & Children	\$31.76
Family	\$39.10

VISION

AETNA VISION	Monthly Premium Effective 1/1/2027
Employee	\$4.50
Employee & Spouse	\$8.84
Employee & Children	\$8.07
Family	\$12.41