

COBRA RATE SHEET

All Team Members
January 1, 2026



| Health Insurance – Blue Cross Blue Shield (MI) | | | |
|---|-----------------------|-------------|------------|
| | Bronze Plan | Silver Plan | Gold Plan |
| Coverage Level | COBRA Rates (Monthly) | | |
| Team Member Only | \$805.47 | \$844.69 | \$889.99 |
| Team Member + Spouse | \$1,772.03 | \$1,858.32 | \$1,957.97 |
| Team Member + Child(ren) | \$1,449.84 | \$1,520.44 | \$1,601.98 |
| Family | \$2,416.40 | \$2,534.07 | \$2,669.97 |
| Dental Insurance - Delta Dental | | | |
| | Bronze Plan* | Silver Plan | Gold Plan |
| Coverage Level | COBRA Rates (Monthly) | | |
| Team Member Only | \$19.45 | \$32.31 | \$50.60 |
| Two Person | \$35.83 | \$58.93 | \$93.74 |
| Family | \$74.25 | \$109.29 | \$167.80 |
| Vision Insurance - VSP | | | |
| | Bronze Plan* | Silver Plan | Gold Plan |
| Coverage Level | COBRA Rates (Monthly) | | |
| Team Member Only | \$5.61 | \$7.48 | \$16.08 |
| Two Person | \$11.22 | \$20.33 | \$34.76 |
| Family | \$19.86 | \$29.17 | \$57.54 |
| Health Insurance - MNA PECSH BCBSM Plan (Legacy Plan)** | | | |
| Coverage Level | COBRA Rates (Monthly) | | |
| Team Member Only | \$1,161.90 | | |
| Two Person | \$2,733.86 | | |
| Family | \$3,417.33 | | |
| Health Insurance - MNA PPO Plus (Legacy Plan)** | | | |
| Coverage Level | COBRA Rates (Monthly) | | |
| Team Member Only | \$949.21 | | |
| Two Person | \$2,274.46 | | |
| Family | \$2,482.23 | | |

COBRA Rates represent 102% of the total premium for the applicable benefit. In addition to the benefits listed above, health care Flexible Spending Accounts may be extended via COBRA. Team member's options will be displayed in the COBRA enrollment system (Plan Source for UM Health-West and Wex, Inc. for UM Health-Sparrow). Plan summaries are available at benefits.umhinsider.org.

*Bronze Vision and Bronze Dental Plans are not applicable to MNA PECSH and MNA Home Care RNs.

Legacy Plans are **only applicable to MNA PECSH and MNA Home Care RNs.