

COBRA Rate Sheet

All Team Members

January 1, 2027



Monthly Core Health Plan COBRA Rates

Coverage Level	Bronze Health Plan	Silver Health Plan*	Gold Health Plan*
Team Member Only	\$844.18	\$885.29	\$932.77
Team Member & Spouse	\$1,857.20	\$1,947.64	\$2,052.09
Team Member & Child(ren)	\$1,519.52	\$1,593.53	\$1,678.98
Family	\$2,532.55	\$2,655.87	\$2,798.30

Monthly Dental Plan COBRA Rates

Coverage Level	Bronze Dental Plan**	Silver Dental Plan	Gold Dental Plan
Team Member Only	\$15.94	\$28.97	\$48.85
Two Person	\$32.32	\$56.76	\$94.61
Family	\$70.74	\$112.50	\$173.33

Monthly Vision Plan COBRA Rates

Coverage Level	Bronze Vision Plan**	Silver Vision Plan	Gold Vision Plan
Team Member Only	\$5.61	\$7.48	\$16.08
Two Person	\$11.22	\$20.33	\$34.76
Family	\$19.86	\$29.17	\$57.54

Monthly Legacy Health Plan COBRA Rates – MNA PECSH Only

Coverage Level	MNA PPO Plus Plan	Legacy MNA BCBSM Plan
Team Member Only	\$987.81	\$1,209.15
Two Person	\$2,366.95	\$2,901.93
Family	\$2,583.17	\$3,627.43

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. EAP benefits are available through the COBRA period, no election required.

*Silver and Gold health plans are not available to MNA PECSH team members.

**Bronze Vision and Bronze dental plans are not applicable to MNA PECSH and MNA Home Care RNs.