



**HEALTH INSURANCE RATES
RETIREE & COBRA**
For coverage effective January 1, 2026

| Select your medical plan | |
|---|--------------------------|
| Cigna HDHP | You Pay Per Month |
| Member Only | \$512.84 |
| Member + Spouse | \$1,025.64 |
| Member + Child(ren) | \$974.37 |
| Member + Family | \$1,487.18 |
| Cigna PPO | |
| Member Only | \$1,188.83 |
| Member + Spouse | \$2,377.59 |
| Member + Child(ren) | \$2,258.75 |
| Member + Family | \$3,447.51 |
| Kaiser Permanente | |
| Member Only | \$926.75 |
| Member + Spouse | \$1,853.54 |
| Member + Child(ren) | \$1,760.85 |
| Member + Family | \$2,687.64 |
| Vision plan | |
| \$500 Vision | |
| Member Only | \$18.79 |
| Member + Spouse | \$37.59 |
| Member + Child(ren) | \$35.71 |
| Member + Family | \$54.52 |
| Select your dental plan | |
| Traditional Dental | |
| Member Only | \$63.39 |
| Member + Spouse | \$126.78 |
| Member + Child(ren) | \$120.44 |
| Member + Family | \$183.81 |
| Incentive Dental (Some restrictions apply) | |
| Member Only | \$62.75 |
| Member + Spouse | \$125.46 |
| Member + Child(ren) | \$119.19 |
| Member + Family | \$181.92 |
| Willamette Dental | |
| Member Only | \$52.26 |
| Member + Spouse | \$104.37 |
| Member + Child(ren) | \$99.17 |
| Member + Family | \$151.39 |

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|-----------------|-------|
| Medical premium | _____ |
| Vision premium | _____ |
| Dental premium | _____ |
| Total premium | ===== |