



2027 Monthly Cobra Premiums

As a covered individual or other family member, you are eligible to elect to continue the same coverage that you currently have with Banner at the time of separation unless you qualify for ACA coverage. If you qualify for ACA coverage, you will only have option of enrolling in Value Plan. COBRA premiums are the full cost of the coverage plus a 2% administration fee added.

Plan	Monthly Premiums			
	Employee Only	Employee + Spouse/ Domestic Partner	Employee + Child(ren)	Employee + Family
Medical				
Banner Preferred In-network Medical and Pharmacy	\$812.28	\$1705.77	\$1462.09	\$2599.26
Premier Medical and Pharmacy HSA	\$752.29	\$1579.79	\$1354.11	\$2407.31
Value Medical and Pharmacy HSA	\$732.42	\$1538.04	\$1318.34	\$2343.71
Dental				
Comprehensive Dental	\$21.30	\$42.59	\$53.23	\$63.89
Value Dental	\$31.86	\$62.44	\$78.36	\$115.95
Premier Dental	\$51.44	\$99.62	\$125.01	\$182.50
Vision				
Premier Vision	\$18.46	\$34.93	\$36.33	\$41.42
Value Vision	\$9.84	\$18.80	\$19.53	\$23.61

Note: Premier full rates exclude the value of the \$450/\$900 HSA seed.