2026 FLEXPLAN RATE SHEET
COBRA PARTICIPANTS

	Standard	High
DeltaCare USA DHMO Plans		
Participant Only	$ 9.96	$ 16.12
Participant & Family	$ 25.34	$ 41.13
Delta Dental Indemnity PPO Plans		
Participant Only	$ 24.02	$ 38.72
Participant & Family	$ 73.57	$ 115.79
UnitedHealthcare Solstice DHMO Plans		
Participant Only	$ 7.98	$ 10.69
Participant & Family	$ 20.43	$ 27.45
UnitedHealthcare Indemnity PPO Plans		
Participant Only	$ 20.01	$ 38.33
Participant & Family	$ 61.31	$ 117.05
EyeMed Vision Care		
Participant Only	$ 6.17	
Participant & Family	$ 15.41	