2027 FLEXPLAN RATE SHEET
COBRA PARTICIPANTS

	High	Standard
DeltaCare USA DHMO Plans		
Participant Only	$ 15.09	$ 9.32
Participant & Family	$ 38.51	$ 23.73
Delta Dental Indemnity PPO Plans		
Participant Only	$ 41.53	$ 25.77
Participant & Family	$ 124.22	$ 78.92
Humana Dental DHMO Plans		
Participant Only	$ 11.30	$ 8.44
Participant & Family	$ 29.02	$ 21.61
Humana Dental PPO Plans		
Participant Only	$ 49.64	$ 30.79
Participant & Family	$ 148.45	$ 94.32
EyeMed Vision Care		
Participant Only	$ 7.02	
Participant & Family	$ 17.53	