

2026 COBRA Dental Rates - Officers and Support Staff		
	2026 COBRA Rates	2026 Disabled Beneficiaries Extension Rates (months 19-29)
<b>Officers</b>		
<b>Aetna Columbia DPPO</b>		
Employee	\$51.00	\$75.00
EE + 1	\$101.00	\$149.00
Family	\$151.00	\$222.00
<b>Aetna Columbia DHMO</b>		
Employee	\$12.21	\$17.96
EE + 1	N/A	N/A
Family	\$34.80	\$51.18
<b>Support Staff</b>		
<b>Aetna Columbia DPPO</b>		
Employee	\$51.00	\$75.00
EE + 1	\$101.00	\$149.00
Family	\$151.00	\$222.00
<b>Aetna Columbia DHMO</b>		
Employee	\$12.21	\$17.96
EE + 1	N/A	N/A
Family	\$34.80	\$51.18
<b>EmblemHealth Preferred Dental Plan - SSA and TWU</b>		
Employee	\$15.99	\$23.52
EE + 1	N/A	N/A
Family	\$51.20	\$75.30
<b>EmblemHealth Alternate Dental Plan - Local 2110, NUSS, TWU Lamont and Loading Dock/Material Handlers</b>		
Employee	\$17.09	\$25.13
EE + 1	N/A	N/A
Family	\$54.76	\$80.54
2026 COBRA Vision Rates - Officers and Support Staff		
	2026 COBRA Rates	2026 Disabled Beneficiaries Extension Rates (months 19-29)
<b>Officers</b>		
<b>UHC Columbia Voluntary Plan</b>		
Employee	\$5.42	\$7.97
EE + Spouse/Domestic Partner	\$10.04	\$14.76
EE + Child(ren)	\$12.54	\$18.44
Family	\$17.55	\$25.82
<b>Support Staff</b>		
<b>UHC Columbia Voluntary Plan</b>		
Employee	\$5.42	\$7.97
EE + Spouse/Domestic Partner	\$10.04	\$14.76
EE + Child(ren)	\$12.54	\$18.44
Family	\$17.55	\$25.82