



LARIMER COUNTY
2026 COBRA COST SUMMARY

<u>PLAN NAME</u>	<u>Monthly Premium</u>	<u>Admin. Fee 2%</u>	<u>Total Monthly Payment</u>
SUREST PPO PLAN UHC (Group # 1752638)			
Employee Only	\$ 986.00	\$19.72	\$1,005.72
Employee and Spouse	\$ 1,914.00	\$38.28	\$1,952.28
Employee and One Child	\$ 1,314.00	\$26.28	\$1,340.28
Employee and Children	\$ 1,804.00	\$36.08	\$1,840.08
Employee and Family	\$ 2,516.00	\$50.32	\$2,566.32
HDHP w/ HSA Plan UMR (Group # 76417760)			
Employee Only	\$ 898.00	\$17.96	\$915.96
Employee and Spouse	\$ 1,694.00	\$33.88	\$1,727.88
Employee and One Child	\$ 1,414.00	\$28.28	\$1,442.28
Employee and Children	\$ 1,532.00	\$30.64	\$1,562.64
Employee and Family	\$ 2,188.00	\$43.76	\$2,231.76
DENTAL PLAN Delta Dental (Group #304098)			
Employee Only	\$ 48.00	\$0.96	\$48.96
Employee and One Dependent	\$ 92.00	\$1.84	\$93.84
Employee and Family	\$ 132.00	\$2.64	\$134.64
VISION SERVICE PLAN (Group #12065186)			
Employee Only	\$ 8.82	\$0.18	\$9.00
Employee and One Dependent	\$ 16.70	\$0.33	\$17.03
Employee and Family	\$ 24.40	\$0.49	\$24.89
EMPLOYEE ASSISTANCE PROGRAM (ComPsych)			
Employee and/or Family	\$ 1.34	\$0.03	\$1.37