



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 |