Fred Hutch Cancer Center

2026 – 2027 COBRA MONTHLY RATES

(July 1, 2026 – June 30, 2027)

MEDICAL

	PREMERA BLUE CROSS PLAN A	PREMERA BLUE CROSS PLAN B	KAISER PERMANENTE OF WASHINGTON HMO CORE PLAN
Employee Only	$1,232.16	$1,148.52	$971.04
Employee & Spouse/Domestic Partner	$2,519.40	$2,348.04	$2,019.60
Employee & Child(ren)	$2,086.92	$1,944.12	$1,629.96
Employee, Spouse/Domestic Partner & Child(ren)	$3,306.84	$3,080.40	$2,621.40
Spouse/Domestic Partner Only	$1,232.16	$1,148.52	$971.04
Spouse/Domestic Partner & Child(ren)	$2,086.92	$1,944.12	$1,629.96
Child(ren) Only	$1,232.16	$1,148.52	$971.04

DENTAL

	DELTA DENTAL OF WASHINGTON PLAN A	DELTA DENTAL OF WASHINGTON PLAN B
Employee Only	$65.28	$44.88
Employee & Spouse/Domestic Partner	$165.24	$93.84
Employee & Child(ren)	$120.36	$71.40
Employee, Spouse/Domestic Partner & Child(ren)	$220.32	$126.48
Spouse/Domestic Partner Only	$65.28	$44.88
Spouse/Domestic Partner & Child(ren)	$120.36	$71.40
Child(ren) Only	$65.28	$44.88