frontdoor



2027 COBRA Rates

2027 Medical and prescription plan rates

Covered person(s)	Basic CDHP Monthly	Enhanced CDHP Monthly	PPO Monthly
You only	$914.73	$934.60	$983.30
You + spouse	$1,829.45	$1,869.20	$1,966.60
You + child(ren)	$1,774.57	$1,813.12	$1,907.60
You + family	$2,863.09	$2,925.29	$3,077.74

2027 Dental plan rates

Covered person(s)	Base Monthly	Buy-Up Monthly
You only	$24.87	$37.62
You + spouse	$49.70	$77.88
You + child(ren)	$72.06	$119.17
You + family	$79.54	$132.79

2027 Vision plan rates

Covered person(s)	Monthly
You only	$6.99
You + spouse	$13.98
You + child(ren)	$17.48
You + family	$19.24

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