COBRA Rates 2026 - IBEW

Company Facilities	Plan Name	2026 Monthly COBRA Rate Single Coverage
All sites	NYPA PLAN (UHC)	$1,057.53
BG, CEC, STL	CDPHP	$1,401,76
NIA	Independent Health	$1,308.64
All sites	Dental	$53.28
All sites	Core Vision - Employee Only	$8.50
All sites	Optional Vision - Employee Only	$12.75
All sites	Health Reimbursement Account (For Hearing Aids) - Employee Only	$28.90
All sites	Employee Assistance Program	$1.75
Company Facilities	**Plan Name**	**2026 Monthly COBRA Rate Family Coverage**
All sites	NYPA Plan (UHC)	$2,581.92
BG, CEC, STL	CDPHP	$3,273.23
NIA	Independent Health	$3,297.20
All sites	Optional Vision - Family	$29.34
All sites	Dental	$121.91
All sites	Employee Assistance Program	$1.75

All rates include a 2% administrative fee