COBRA Rates 2026 - UWUA

Company Facilities	Plan Name	2026 Monthly COBRA Rate Single Coverage
ZEL	PPO Plan	$1,343.36
ZEL	Choice Plan	$1,274.46
All sites	Dental	$59.21
All sites	Core Vision - Employee Only	$8.50
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
ZEL	PPO Plan	$3,389.16
ZEL	Choice Plan	$3,186.77
All sites	Dental	$130.87
All sites	Employee Assistance Program	$1.75

All rates include a 2% administrative fee