DEPAUL CONNECTING PEOPLE TO PURPOSE HR

COBRA Rates for 2026

	2026	2026 Rate	
	Total Monthly Rate	DePaul	COBRA Participant
Blue Edge CDHP			
Single	$743.36	$ -	$ 758.23
Single+Spouse	$1,691.38	$ -	$ 1,725.21
Single+Children	$1,554.86	$ -	$ 1,585.96
Family	$2,336.04	$ -	$ 2,382.76
HMO Illinois			
Single	$861.54	$ -	$ 878.77
Single+Spouse	$1,738.86	$ -	$ 1,773.64
Single+Children	$1,583.12	$ -	$ 1,614.78
Family	$2,264.13	$ -	$ 2,309.41
Blue Cross Blue Shield PPO			
Single	$1,358.70	$ -	$ 1,385.87
Single+Spouse	$3,075.82	$ -	$ 3,137.34
Single+Children	$2,828.54	$ -	$ 2,885.11
Family	$4,243.40	$ -	$ 4,328.27
Dental			
Single	$53.00	$ -	$ 54.06
Single+Spouse	$116.58	$ -	$ 118.91
Single+Children	$109.72	$ -	$ 111.91
Family	$159.00	$ -	$ 162.18
Vision			
Single	$ 11.12	$ -	$ 11.34
Single+Spouse	$ 17.76	$ -	$ 18.12
Single+Children	$ 18.98	$ -	$ 19.36
Family	$ 30.34	$ -	$ 30.95