

Guest Services, Inc.
2026 COBRA Rates

Plan	Monthly
Medical/Rx	
CareFirst PPO	
Employee Only	\$1,005.74
Employee + Child(ren)	\$1,712.15
Employee + Spouse	\$2,516.75
Family	\$3,323.75
CareFirst HDHP	
Employee Only	\$850.09
Employee + Child(ren)	\$1,443.96
Employee + Spouse	\$2,124.04
Family	\$2,804.10
CareFirst HDHP 5000	
Employee Only	\$780.64
Employee + Child(ren)	\$1,326.62
Employee + Spouse	\$1,951.61
Family	\$2,574.22
Kaiser HMO - Mid-Atlantic	
Employee Only	\$809.27
Employee + Child(ren)	\$1,537.61
Employee + Spouse	\$1,699.46
Family	\$2,427.80
Dental - Guardian	
Dental Plan A	
Employee Only	\$49.33
Employee + Child(ren)	\$69.04
Employee + Spouse	\$73.98
Family	\$118.36
Dental Plan B	
Employee Only	\$32.82
Employee + Child(ren)	\$45.95
Employee + Spouse	\$49.23
Family	\$82.00
Vision - EyeMed	
Vision Plan	
Employee Only	\$8.03
Employee + Child(ren)	\$11.94
Employee + Spouse	\$11.17
Family	\$19.10