Guest Services, Inc.
2027 COBRA Rates

Plan	Monthly
Medical/Rx	
Aetna Classic	
Single	$1,198.26
Ee & Child(ren)	$2,039.89
Ee & Spouse	$2,998.50
Family	$3,959.97
Aetna Balance HDHP	
Single	$1,012.81
Ee & Child(ren)	$1,720.36
Ee & Spouse	$2,530.62
Family	$3,340.85
Aetna Access HDHP	
Single	$930.07
Ee & Child(ren)	$1,580.56
Ee & Spouse	$2,325.18
Family	$3,066.97
Kaiser HMO (Mid-Atlantic)	
Single	$842.12
Ee & Child(ren)	$1,600.03
Ee & Spouse	$1,768.46
Family	$2,526.37
Guardian	
Dental Plan A	
Single	$49.33
Ee & Child(ren)	$69.04
Ee & Spouse	$73.98
Family	$118.36
Dental Plan B	
Single	$32.82
Ee & Child(ren)	$45.95
Ee & Spouse	$49.23
Family	$82.00
EyeMed	
Vision Plan	
Single	$8.03
Ee & Child(ren)	$11.94
Ee & Spouse	$11.17
Family	$19.10