

# MODINE 2026 COBRA RATES



	<u>2026 Monthly Rate</u>	<u>2026 Monthly COBRA*</u>
<b>Anthem Blue PPO Plan 1</b>		
EE	\$607.39	\$619.54
EE+Sp	\$1,350.31	\$1,377.32
EE+Child(ren)	\$1,093.30	\$1,115.17
Family	\$1,957.69	\$1,996.84
<b>Anthem Blue PPO Plan 2</b>		
EE	\$641.34	\$654.17
EE+Sp	\$1,425.06	\$1,453.56
EE+Child(ren)	\$1,154.42	\$1,177.51
Family	\$2,066.36	\$2,107.69
<b>Anthem Blue HDHP 3</b>		
EE	\$582.76	\$594.42
EE+Sp	\$1,296.67	\$1,322.60
EE+Child(ren)	\$1,048.39	\$1,069.36
Family	\$1,882.15	\$1,919.79
<b>Delta Dental - Basic Plan</b>		
EE	\$20.48	\$20.89
EE+Sp	\$46.79	\$47.73
EE+Child(ren)	\$44.35	\$45.24
Family	\$77.65	\$79.20
<b>Delta Dental - Premium Plan</b>		
EE	\$28.09	\$28.65
EE+Sp	\$64.17	\$65.45
EE+Child(ren)	\$60.83	\$62.05
Family	\$106.48	\$108.61
<b>NVA - Basic Plan</b>		
EE	\$7.24	\$7.38
EE+Sp	\$10.52	\$10.73
EE+Child(ren)	\$12.80	\$13.06
Family	\$19.20	\$19.58
<b>NVA - Premium Plan</b>		
EE	\$11.05	\$11.27
EE+Sp	\$16.05	\$16.37
EE+Child(ren)	\$19.53	\$19.92
Family	\$29.30	\$29.89
<b>Anthem EAP</b>		
Employee Assistance Program	\$1.88	\$1.92

\*COBRA = 102%. If elected, you and/or your eligible dependent(s) will pay the amount previously paid by the company and the employee plus a 2% administrative fee.