



Simmons University FY26 COBRA Monthly Rate - Medical, HRA, Dental and Vision

Rate Effective 7/1/25 - 6/30/26

Medical Plan		
Plan Name	Coverage tier	COBRA Monthly Rate
Harvard_HDHP/PPO	Individual	\$1,017.00
	Individual + 1	\$2,032.35
	Family	\$3,117.55
Harvard_HMO	Individual	\$1,114.99
	Individual + 1	\$2,229.91
	Family	\$3,420.68

Health Reimbursement Account (HRA)		
Plan Name	Coverage tier	COBRA Monthly Rate
Health Equity_HRA (all medical plans)	Individual	\$12.75
	Individual + 1	\$25.50
	Family	\$25.50

Dental Plan		
Plan Name	Coverage tier	COBRA Monthly Rate
Blue Cross_CORE	Individual	\$24.99
	Family	\$72.64
Blue Cross_ENHANCED	Individual	\$59.82
	Family	\$173.81

Vision Plan		
Plan Name	Coverage tier	COBRA Monthly Rate
VSP	Individual	\$9.39
	Individual + 1	\$13.63
	Family	\$24.43