



Simmons University FY27 COBRA Monthly Rate - Medical, Dental and Vision

Rate Effective 7/1/26 - 6/30/27

Medical Plan		
Plan Name	Coverage tier	COBRA Monthly Rate
Harvard_HDHP/PPO	Individual	\$1,164.17
	Individual + 1	\$2,326.44
	Family	\$3,568.66
Harvard_HMO	Individual	\$1,317.47
	Individual + 1	\$2,634.86
	Family	\$4,041.87

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