2026 COST OF BENEFITS AT PARKLAND

COBRA BENEFITS (MONTHLY PREMIUM)

If you, your spouse or your dependent child loses coverage under a group plan sponsored by Parkland Health as a result of a qualifying event, you, your spouse or your dependent child may be eligible to continue coverage for a limited period of time, in accordance with the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA).

You or your dependents must pay the entire cost of this continuation coverage, including an additional 2% charge to cover administrative expenses.

CIGNA MEDICAL	COBRA COST (W/2%)	
Coverage Category	**PPO**	**HDHP**
Employee Only	$1,214.70	$1,054.67
Employee Plus Children	$2,356.53	$2,046.09
Employee Plus Spouse	$2,550.88	$2,214.83
Employee Plus Family	$3,802.01	$3,301.16

CIGNA DENTAL		
Coverage Category	**DHMO**	**DPPO**
Employee Only	$14.37	$44.30
Employee Plus Children	$30.58	$119.54
Employee Plus Spouse	$27.85	$85.24
Employee Plus Family	$39.96	$148.10

SUPERIOR VISION BY METLIFE	
Coverage Category	**You Pay**
Employee Only	$6.62
Employee Plus Children	$10.71
Employee Plus Spouse	$14.23
Employee Plus Family	$19.52