

DARTMOUTH COLLEGE

COBRA PARTICIPANT RATES 2026

MEDICAL INSURANCE

MONTHLY	SINGLE	PARENT + CHILD(REN)	EMPLOYEE + SPOUSE	FAMILY
Cigna Open Access Plus Plan \$800 Deductible Plan	\$1,170.95	\$1,990.63	\$2,576.11	\$3,512.86
Cigna Choice Fund Plan \$1,800 Deductible Plan	\$1,088.99	\$1,851.03	\$2,395.59	\$3,266.64
Cigna High Deductible Health Plan \$3,400 Deductible Plan	\$969.57	\$1,648.35	\$2,133.17	\$2,908.79

DENTAL INSURANCE

MONTHLY	SINGLE	TWO PERSON	FAMILY
Delta Dental - Low Plan	\$36.64	\$65.22	\$112.13
Delta Dental - High Plan	\$67.49	\$120.14	\$206.53

VISION INSURANCE

MONTHLY	SINGLE	PARENT + CHILD(REN)	EMPLOYEE + SPOUSE	FAMILY
VSP Vision Plan	\$7.11	\$14.23	\$13.52	\$20.91

FLEXIBLE SPENDING

Health Care Flexible Spending Account benefits are also available through COBRA