

Brandeis University

2026 COBRA RATES

CARRIER	PLAN	COVERAGE TIER	ACTIVE RATE	2%	COBRA RATE
Delta Dental	DPPO Plus Premier Low	Individual	\$38.35	\$0.77	\$39.12
Delta Dental	DPPO Plus Premier Low	Ind + Children	\$78.51	\$1.57	\$80.08
Delta Dental	DPPO Plus Premier Low	Ind + Spouse	\$73.87	\$1.48	\$75.35
Delta Dental	DPPO Plus Premier Low	Family	\$130.56	\$2.61	\$133.17
Delta Dental	PPO Plus Premier High	Individual	\$49.85	\$1.00	\$50.85
Delta Dental	PPO Plus Premier High	Ind + Children	\$102.04	\$2.04	\$104.08
Delta Dental	PPO Plus Premier High	Ind + Spouse	\$96.01	\$1.92	\$97.93
Delta Dental	PPO Plus Premier High	Family	\$169.68	\$3.39	\$173.07
HPHC	Best Buy HMO HSA (HDHP)	Individual	\$1,061.09	\$21.22	\$1,082.31
HPHC	Best Buy HMO HSA (HDHP)	Ind + Children	\$2,016.06	\$40.32	\$2,056.38
HPHC	Best Buy HMO HSA (HDHP)	Ind + Spouse	\$2,281.33	\$45.63	\$2,326.96
HPHC	Best Buy HMO HSA (HDHP)	Family	\$3,273.55	\$65.47	\$3,339.02
HPHC	Best Buy HMO	Individual	\$1,165.60	\$23.31	\$1,188.91
HPHC	Best Buy HMO	Ind + Children	\$2,214.63	\$44.29	\$2,258.92
HPHC	Best Buy HMO	Ind + Spouse	\$2,506.04	\$50.12	\$2,556.16
HPHC	Best Buy HMO	Family	\$3,596.00	\$71.92	\$3,667.92
HPHC	HMO	Individual	\$1,266.07	\$25.32	\$1,291.39
HPHC	HMO	Ind + Children	\$2,405.55	\$48.11	\$2,453.66
HPHC	HMO	Ind + Spouse	\$2,722.07	\$54.44	\$2,776.51
HPHC	HMO	Family	\$3,905.95	\$78.12	\$3,984.07
HPHC	PPO	Individual	\$1,681.21	\$33.62	\$1,714.83
HPHC	PPO	Ind + Children	\$3,194.31	\$63.89	\$3,258.20
HPHC	PPO	Ind + Spouse	\$3,614.61	\$72.29	\$3,686.90
HPHC	PPO	Family	\$5,186.72	\$103.73	\$5,290.45
VSP	Vision Plan	Individual	\$5.00	\$0.10	\$5.10
VSP	Vision Plan	Ind + Children	\$10.28	\$0.21	\$10.49
VSP	Vision Plan	Ind + Spouse	\$11.02	\$0.22	\$11.24
VSP	Vision Plan	Family	\$17.61	\$0.35	\$17.96

Member Services information _ After you enroll

Brandeis Participant Service Team Phone: 888-678-4881 Web: mybenefits.wageworks.com

PLEASE NOTE: If you are on an HMO Plan and move out of the service area, you must notify HealthEquity/Wageworks within 31 days of your relocation and enroll in the PPO plan to continue your health insurance coverage. HPHC may not cover out of network services.

Open Enrollment: If you are currently enrolled in a health and/or dental program, a plan change may be made during the open enrollment period. Open enrollment is held during November or December with new coverage effective January 1.