USNH Adjunct Medical Rates
Effective January 1, 2027

Anthem BCBS		Employee Monthly	Annual	Monthly COBRA	Employee Plus Spouse Monthly	Annual	Monthly COBRA	Employee Plus Child/Children Monthly	Annual	Monthly COBRA	Family Monthly	Annual	Monthly COBRA
Open Access HDHP	Employee	$ 258.89	$ 3,106.68		$ 1,461.99	$ 17,543.88		$ 1,137.11	$ 13,645.32		$ 2,174.91	$ 26,098.92	
	Employer	$ 738.96	$ 8,867.52		$ 783.15	$ 9,397.80		$ 609.12	$ 7,309.44		$ 603.43	$ 7,241.16	
Deductibles:	Total	$ 997.85	$ 11,974.20	$ 1,017.81	$ 2,245.14	$ 26,941.68	$ 2,131.67	$ 1,746.23	$ 20,954.76	$ 1,657.98	$ 2,778.34	$ 33,340.08	$2,637.92
$2750/$5500													