

City of Gresham COBRA Rates for Self-Funded Plans July 1, 2025 through June 30, 2026

Please find attached the COBRA rates for the July 1, 2025 - June 30, 2026 plan year. We arrived at them by using the expected costs which are based on expected claims, administration fees, and stop loss premiums (medical only).

There is little guidance with respect to how to derive COBRA rates. COBRA rates are based on the applicable premium. The applicable premium means, with respect to any period of continuation coverage of qualified beneficiaries, the cost to the plan for such period of the coverage for similarly situated beneficiaries with respect to whom a qualifying event has not occurred (without regard to whether such cost is paid by the employer or employee. Code \$4980B(f)(4)(A).

In short, the rates may be equal to either:

- · a reasonable estimate of the cost of providing coverage, determined on an actuarial basis; or
- the cost to the plan for the preceding determination period (with a cost-of-living adjustment) if coverage under the plan has not significantly changed from the preceding determination period to the current determination period. 4980B(f)(4)(B)

The IRS COBRA regulations do not provide any additional explanation of this definition. Rather, plan sponsors are expected to calculate COBRA premiums "in good faith compliance with a reasonable interpretation" of COBRA's requirements. *Preamble to 1999 Final IRS COBRA Regulations, 64 Fed. Reg.* 5160, 5161 (2/3/99)

Based on this definition, the COBRA rates illustrated here are derived by using the expected costs of the plan (and not maximum liability). Regardless of the rate used, employers should not use the maximum exposure rates for COBRA purposes while setting other rates and funding the plan at expected liability.

These rates have not been certified by an actuary.

If you choose to utilize COBRA rates that are not reflected in this summary, please let us know for our records.

Consultation with counsel is advised.



City of Gresham
COBRA Rates

July 1, 2025 through June 30, 2026

Without 2% Administration Fee	Medical	Medical	Dental	Dental	Dental	540
Monthly Rates	UMR	Kaiser	Delta Dental OR	Kaiser	Willamette	EAP
Employee Only	880.61	871.19	52.86	75.25	76.60	4.15
Spouse Only	880.61	871.19	52.86	75.25	76.60	4.15
Child Only	880.61	871.19	52.86	75.25	76.60	4.15
2 Children Only	1,845.99	1,803.36	109.13	146.72	130.40	4.15
3+ Children Only	2,478.76	2,448.13	180.17	248.34	252.90	4.15
Spouse & Child Only	1,845.99	1,803.36	109.13	146.72	130.40	4.15
Spouse & Children Only	2,478.76	2,448.13	180.17	248.34	252.90	4.15
Employee & Spouse	1,845.99	1,803.36	109.13	146.72	130.40	4.15
Employee & Child	1,845.99	1,803.36	109.13	146.72	130.40	4.15
Employee & Children	2,478.76	2,448.13	180.17	248.34	252.90	4.15
Employee, Spouse & Child	2,478.76	2,448.13	180.17	248.34	252.90	4.15
Employee, Spouse & Children	2,478.76	2,448.13	180.17	248.34	252.90	4.15
With 2% Administration Fee	Medical	Medical	Dental	Dental	Dental	
Monthly Rates	UMR	Kaiser	Delta Dental OR	Kaiser	Willamette	EAP
Employee Only	898.22	888.61	53.92	76.76	78.13	4.23
Spouse Only	898.22	888.61	53.92	76.76	78.13	4.23
Child Only	898.22	888.61	53.92	76.76	78.13	4.23
2 Children Only	1,882.91	1,839.43	111.31	149.65	133.01	4.23
3+ Children Only	2,528.34	2,497.09	183.77	253.31	257.96	4.23
Spouse & Child Only	1,882.91	1,839.43	111.31	149.65	133.01	4.23
Spouse & Children Only	2,528.34	2,497.09	183.77	253.31	257.96	4.23
Employee & Spouse	1,882.91	1,839.43	111.31	149.65	133.01	4.23
Employee & Child	1,882.91	1,839.43	111.31	149.65	133.01	4.23
Employee & Children	2,528.34	2,497.09	183.77	253.31	257.96	4.23
Employee, Spouse & Child	2,528.34	2,497.09	183.77	253.31	257.96	4.23
Employee, Spouse & Children	2,528.34	2,497.09	183.77	253.31	257.96	4.23

Notes

^{1.} If the dependents elect COBRA coverage without the employee, the eldest dependent is charged the employee rate.