

**COBRA RATE CHART
FOR FORMER STATE OF RHODE ISLAND EMPLOYEES
AND DEPENDENTS**

Monthly Rates Effective January 1, 2026 to December 31, 2026

	<u>INDIVIDUAL</u>	<u>FAMILY</u>
Anchor Choice with HSA Plan	\$931.26	\$2,610.74
Anchor Plan	\$940.75	\$2,637.37
Anchor Plus Plan	\$1,006.55	\$2,821.83
Anchor Dental	\$35.96	\$93.13
Anchor Dental Plus	\$40.33	\$104.48
Anchor Dental Platinum	\$46.51	\$120.49
Anchor Vision	\$5.50	\$15.18
Anchor Vision Plus	\$7.86	\$21.72