

2026 Monthly Rates

	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
MEDICAL				
Cigna HMO - Outside Florida	\$842.90	\$1,938.48	\$1,517.12	\$2,612.88
Cigna HMO - Florida	\$943.85	\$2,170.62	\$1,698.78	\$2,925.78
Consumer Choice	\$831.44	\$1,912.18	\$1,496.52	\$2,577.39
Basic PPO	\$839.23	\$1,929.99	\$1,510.54	\$2,601.39
HMO – Advent Health - CastCare	\$891.96	\$2,051.41	\$1,605.48	\$2,765.02
HMO - Orlando Health - Cast Advantage	\$891.96	\$2,051.41	\$1,605.48	\$2,765.02
Kaiser HMO - California	\$805.21	\$1,851.97	\$1,449.37	\$2,496.13
Kaiser HMO - Hawaii	\$785.10	\$1,570.21	\$1,413.19	\$2,355.31
Kaiser HMO - Washington	\$712.38	\$1,638.47	\$1,282.28	\$2,208.37
HMSA HMO - Hawaii	\$614.53	\$1,228.92	\$1,106.05	\$1,843.34
HMSA PPP - Hawaii	\$639.19	\$1,278.30	\$1,150.36	\$1,917.31
Value Select HMO	\$748.97	\$1,722.51	\$1,348.10	\$2,321.79
DENTAL				
Value	\$24.66	\$45.26	\$53.88	\$81.59
Advantage	\$40.88	\$76.47	\$92.07	\$135.92
DeltaCare USA	\$16.98	\$33.98	\$31.59	\$49.27
Dental Choice	\$21.75	\$41.33	\$43.23	\$60.90
VISION				
Basic	\$3.75	\$7.56	\$8.13	\$12.60
High	\$19.23	\$38.45	\$41.15	\$65.81

2026 Annual Rates

	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
MEDICAL				
Cigna HMO - Outside Florida	\$10,114.77	\$23,261.75	\$18,205.41	\$31,354.60
Cigna HMO - Florida	\$11,326.16	\$26,047.45	\$20,385.35	\$35,109.34
Consumer Choice	\$9,977.31	\$22,946.21	\$17,958.28	\$30,928.64
Basic PPO	\$10,070.70	\$23,159.92	\$18,126.46	\$31,216.65
HMO - Advent Health - CastCare	\$10,703.51	\$24,616.97	\$19,265.76	\$33,180.19
HMO - Orlando Health - Cast Advantage	\$10,703.51	\$24,616.97	\$19,265.76	\$33,180.19
Kaiser HMO - California	\$9,662.50	\$22,223.68	\$17,392.43	\$29,953.61
Kaiser HMO - Hawaii	\$9,421.25	\$18,842.50	\$16,958.28	\$28,263.75
Kaiser HMO - Washington	\$8,548.54	\$19,661.60	\$15,387.39	\$26,500.46
HMSA HMO - Hawaii	\$7,374.36	\$14,747.00	\$13,272.57	\$22,120.13
HMSA PPP - Hawaii	\$7,670.32	\$15,339.66	\$13,804.27	\$23,007.77
Value Select HMO	\$8,987.59	\$20,670.18	\$16,177.24	\$27,861.42
DENTAL				
Value	\$295.96	\$543.09	\$646.52	\$979.08
Advantage	\$490.58	\$917.63	\$1,104.78	\$1,630.98
DeltaCare USA	\$203.80	\$407.71	\$379.07	\$591.19
Dental Choice	\$260.96	\$495.96	\$518.73	\$730.85
VISION				
Basic	\$45.04	\$90.70	\$97.55	\$151.16
High	\$230.72	\$461.45	\$493.76	\$789.72

The amounts shown above are the monthly costs for COBRA coverage under Disney's Signature Benefits health care plans for eligible participants and their covered dependents effective January 1, 2026, including a 2% administrative fee. This information is proprietary to The Walt Disney Company and is not to be distributed without permission. The Company reserves the right to change or terminate the plans or specific provisions at any time. Not all plan options shown will be available to you, depending on where you live.