

County of Victoria

Health, Dental and Vision Benefit Plans

Premium Equivalents

January 1, 2026 through December 31, 2026

Health Plan	
Maximum Plan Cost Rates	COBRA Rates
	(EE Resp)
Employee only	\$842.00
Employee + Spouse	\$1,683.00
Employee + Child(ren)	\$1,531.00
Employee + Family	\$2,542.00

Voluntary Dental Plan	
Maximum Plan Cost Rates	COBRA Rates
	(EE Resp)
Employee only	\$21.39
Employee plus family	\$59.76
Employee only	\$42.91
Employee plus family	\$113.90

Voluntary Vision Plan	
Maximum Plan Cost Rates	COBRA Rates
	(EE Resp)
Employee only	\$5.52
Employee plus family	\$13.05
Employee only	\$10.00
Employee plus family	\$27.51

NOTE: COBRA premiums are based on Maximum Liability.