WELLS FARGO

Effective January 1, 2026

2026 Flex COBRA Rates

The following chart provides the 2026 COBRA medical plan rates by health plan option.
Additional details about COBRA are provided in the *Benefits Book* on the HR Services & Support site.

Regular and fixed term full-time employees	You	You + spouse[1]	You + children[2]	You + spouse[1] + children[2]
Flexible High-Deductible Health Plan (HDHP) All states except Hawaii	**$731.02**	**$1,535.11**	**$1,315.79**	**$2,120.01**
POS Kaiser Added Choice — Hawaii	**$947.38**	**$1,989.49**	**$1,705.28**	**$2,747.39**

1. Includes domestic partner.
2. Includes domestic partner's children.

BenefitConnect™ | COBRA

For questions about your COBRA benefits, call BenefitConnect™ | COBRA at **1-877-29-COBRA** (1-877-292-6272). For international callers only: 858-314-5108. Specialists are available Monday through Friday, 8:00 a.m. to 6:00 p.m. Central Time. Relay service calls are accepted. You may also access plan information online at cobra.ehr.com.