Katy Independent School District

COBRA Medical, Dental & Vision Rates

Plan Year 2027 | Monthly premiums for continued medical, dental and vision coverage

Medical

Coverage Tier	HDHP	PPO (Choice POS II)	Memorial Hermann ACO	Kelsey
Employee Only	$518	$722	$562	$582
Employee + Spouse	$1,324	$2,050	$1,467	$1,627
Employee + Children	$848	$1,344	$929	$955
Employee + Family	$1,317	$2,374	$1,454	$1,663

Dental

Coverage Tier	High Plan	Mid Plan (New)	DHMO (New)
Employee Only	$51.54	$30.28	$14.60
Employee + Spouse	$104.60	$56.72	$27.36
Employee + Children	$93.82	$43.08	$20.78
Employee + Family	$132.20	$74.08	$35.74

Vision

Coverage Tier	Low Plan	High Plan (New)
Employee Only	$8.12	$13.48
Employee + 1	$13.64	$22.64
Employee + Family	$20.52	$34.06

Disclaimer: *When you are on COBRA, you pay 100% of the insurance premium (both your share and the share your employer used to pay), plus a 2% administrative upcharge, bringing your total cost to 102% of the plan's total cost. The total rates listed above do not include the 2% administrative charge, which will be calculated at the time of your enrollment into COBRA.*