CWRU Postdoc Plans & Monthly COBRA Rates	
	2027
Aetna Medical HNO	
Single	$666.43
2-Party	$1,333.22
Family	$1,999.29
Aetna Medical POS/OAMC	
Single	$793.22
2-Party	$1,586.83
Family	$2,379.68
MetLife Dental PPO	
Single	$19.90
2-Party	$40.98
Family	$75.86
EyeMed Vision PPO	
Single	$5.75
2-Party	$10.97
Family	$16.05
The Standard Life/AD&D	$3.62
Impact Solutions EAP	$1.62
HNO Total with all lines of coverage	
Single	$697.32
2-Party	$1,390.41
Family	$2,096.45
POS/OAMC Total with all lines of coverage	
Single	$824.12
2-Party	$1,644.03
Family	$2,476.84