



The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances such as voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and other life events.

2026 NXP COBRA Rates

2026 COBRA Contributions**	MONTHLY COBRA CONTRIBUTIONS			
	You Only	You + Spouse	You + Children	You + Family
Medical Plan 1 (HSA-Eligible)	\$720.79	\$1,517.91	\$1,365.26	\$2,319.37
Medical Plan 2 (PPO)	\$745.82	\$1,566.22	\$1,417.06	\$2,349.33
Medical Plan 3 (EPO)	\$815.52	\$1,712.59	\$1,549.48	\$2,568.88
Kaiser (HMO***)	\$850.40	\$1,870.88	\$1,700.80	\$2,551.21
Out of Area Plan***	\$745.82	\$1,566.22	\$1,417.06	\$2,349.33
Global International***	\$820.08	\$1,749.30	\$1,536.12	\$2,536.74
Delta Dental	\$50.12	\$100.26	\$105.26	\$167.92
VSP Vision Plan	\$13.55	\$25.59	\$27.01	\$42.11

2026 NXP COBRA Active Employee Subsidized Rates

2026 COBRA Contributions**	MONTHLY COBRA CONTRIBUTIONS			
	You Only	You + Spouse	You + Children	You + Family
Medical Plan 1 (HSA-Eligible)	\$71.63	\$173.94	\$153.61	\$267.64
Medical Plan 2 (PPO)	\$124.13	\$276.71	\$243.46	\$424.24
Medical Plan 3 (EPO)	\$183.99	\$435.58	\$397.72	\$690.71
Kaiser (HMO)***	\$199.84	\$486.35	\$444.02	\$683.86
Out of Area Plan***	\$124.13	\$276.71	\$243.46	\$424.24
Global International***	\$161.68	\$316.55	\$281.02	\$447.80
Delta Dental	\$18.31	\$36.64	\$38.89	\$59.62
VSP Vision Plan	\$13.82	\$26.10	\$27.55	\$42.95

*The rates above reflect the 2% COBRA administrative fee on full COBRA premium amount.

**In order to receive a COBRA subsidy, a signed returned, and unrevoked General Release is required.

***Enrollment subject to geographic restrictions.