

2026 U.S. COBRA RATES



MOTOROLA SOLUTIONS

MEDICAL OPTIONS

Coverage begins retroactively on the date your employment and active benefits coverage ends.

Monthly COBRA Rates	BCBS & Aetna Plan Rates			Employees earning no more than \$60,000
	\$4100 (HSA)	\$2650 (HSA)	\$1650	\$500
Employee	\$699.92	\$756.92	\$798.64	\$884.88
EE + Spouse/DP	\$1,574.81	\$1,703.06	\$1,796.93	\$1,990.97
EE + Child(ren)	\$1,259.85	\$1,362.44	\$1,437.53	\$1,592.77
Family	\$2,134.77	\$2,308.59	\$2,435.85	\$2,698.88
	Kaiser (Select Locations) Plan Rates			
	\$4100 (HSA)	\$2650 (HSA)	\$1650	
Employee	\$495.75	\$547.60	\$630.53	
EE + Spouse/DP	\$1,189.79	\$1,314.25	\$1,513.28	
EE + Child(ren)	\$892.34	\$985.69	\$1,134.96	
Family	\$1,586.40	\$1,752.33	\$2,017.70	

DENTAL PLAN

Coverage begins retroactively on the date your employment and active benefits coverage ends.

Monthly COBRA Rates	Standard	Enhanced
Employee	\$38.45	\$75.59
Employee + Spouse/Domestic Partner	\$76.88	\$151.18
Employee + Children	\$80.75	\$158.75
Employee + Family	\$115.35	\$226.76

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VISION CARE PROGRAM

Coverage begins retroactively on the date your employment and active benefits coverage ends.

Monthly COBRA Rates	Standard	Enhanced
Employee	\$5.78	\$9.20
Employee + Spouse/Domestic Partner	\$11.56	\$18.40
Employee + Children	\$12.37	\$19.68
Employee + Family	\$19.77	\$31.45

CONTACT INFORMATION

Reimbursement Accounts: HSA, and/or FSA	Aptia 365 Reimbursement Services PH: 866-268-0142 MON - FRI 8am to 9pm EST Website: yourflexbenefits.aptia365.com
Continuation of Benefit Services (COBRA)	Aptia 365 Continuation of Benefits Services PH: 866-268-0142 MON - FRI 8 am to 9 pm EST Fax: 844-890-9653 Website: yourflexbenefits.aptia365.com

For greater details regarding all benefits, please go to benefits.motorolasolutions.com or <https://yourflexbenefits.aptia365.com/aptia/client-resources>

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