

Dear COBRA participant:

ICUBA's Annual Enrollment for COBRA benefits begins **March 9, 2026**, and ends **March 20, 2026**. If you are not making changes to your benefits, no action is required to maintain your current elections.

If you are making changes to your benefits, download the COBRA Open Enrollment form at <https://tinyurl.com/ICUBAAE26> and return to Ameriflex at the address listed on the form.

For more information about COBRA, visit ICUBA's iHUB at [www.icubabenefits.info/cobra](http://www.icubabenefits.info/cobra).

**ICUBA PREMIUM FOR THE PLAN YEAR BEGINNING APRIL 1, 2026**

<b>BCBS MEDICAL</b>	<b>TIER</b>	<b>RATE*</b>	<b>ANNUAL ENROLLMENT INFORMATION</b>
PREFERRED PPO PLAN	Individual + Spouse + Child(ren) + Family	\$1,036.32 \$2,210.34 \$1,868.64 \$2,910.06	During annual enrollment you can make changes to benefits you have already elected, such as switching from one medical insurance plan to another, but you can't make new elections for benefits you are not currently enrolled in.  For more information about your rights visit the Department of Labor website online at <a href="https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/cobra#employees">https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/cobra#employees</a> .  To view this document and plan summaries for the new plan year visit ICUBA's iHUB online at <a href="http://www.icubabenefits.info/documents">www.icubabenefits.info/documents</a> .  If you are not making any changes to your current elections, your coverage will carry forward with the new premium in the table to the left effective April 1, 2026.  To view your current elections, including your eligibility period login to your Ameriflex account online at <a href="http://myameriflex.com/resources/">myameriflex.com/resources/</a> or email <a href="mailto:cobra@myameriflex.com">cobra@myameriflex.com</a> .
HIGH DEDUCTIBLE PPO PLAN	Individual + Spouse + Child(ren) + Family	\$1,029.18 \$2,190.96 \$1,487.16 \$2,489.82	
<b>DELTA DENTAL</b>	<b>TIER</b>	<b>RATE*</b>	
PPO BASE PLAN	Individual + 1 dependent + Family	\$24.28 \$56.43 \$93.42	
PPO BUY UP PLAN	Individual + 1 dependent + Family	\$42.52 \$84.70 \$142.44	
DENTAL HMO PLAN	Individual +1 dependent + Family	\$12.07 \$24.20 \$37.59	
<b>EYEMED VISION</b>	<b>TIER</b>	<b>RATE*</b>	
PPO BASE PLAN	Individual + Family	\$5.08 \$13.02	
PPO BUY UP PLAN	Individual + Family	\$7.91 \$20.21	

**IF YOU ARE NOT MAKING CHANGES TO YOUR BENEFITS, NO ACTION IS REQUIRED.**

If you have any questions, please contact Ameriflex by calling (888) 868-3539, emailing [cobra@myameriflex.com](mailto:cobra@myameriflex.com), or by visiting the Ameriflex resource page online at [myameriflex.com/resources/](http://myameriflex.com/resources/).

*\*Rates for COBRA and Retiree premium may vary by \$0.01. In the event of discrepancies in the rate listed on this sheet and the rates published with Ameriflex, the rates published with Ameriflex will prevail.*

Warm regards,

The ICUBA Benefits Team  
[www.icubabenefits.info](http://www.icubabenefits.info)