COBRA Continuation Coverage

Corporate Home

Monthly COBRA Premium Rate Sheet

Effective Date: January 1, 2026

Important Information About COBRA Coverage
COBRA allows you to continue your employer-sponsored health benefits after employment ends. The rates below include the full premium cost plus a 2% administrative fee. Your first payment is due within 45 days of electing coverage. Coverage is retroactive to your termination date if you elect and pay on time.

Election Deadline: You have 60 days from the later of your termination date or the date you receive your COBRA election notice.

How to Enroll: Visit https://saltchukresources.bswift.com to complete your COBRA election online. You may elect any or all of the benefit plans listed below. For assistance, contact bswift at 866-365-2413.

Medical

Provider: Premera Blue Cross
Group Number: 1006087
Contact: (800) 722-1471 | premera.com

Plan Name	Individual	Individual + Spouse	Individual + Child(ren)	Family
Premera Blue Cross HDHP 1750	**$899.66**	**$2,120.22**	**$1,796.44**	**$3,108.49**
Premera Blue Cross Base PPO 750	**$1,191.32**	**$2,755.55**	**$2,379.33**	**$3,903.95**
Premera Blue Cross Buy-Up PPO 350	**$1,313.42**	**$3,039.35**	**$2,616.97**	**$4,306.58**

Dental

Provider: Delta Dental of WA
Group Number: 00036
Contact: (800) 554-1707 | deltadentalwa.com

Plan Name	Individual	Individual + Spouse	Individual + Child(ren)	Family
Delta Dental of WA Base 1500	**$57.47**	**$117.21**	**$113.82**	**$175.80**
Delta Dental of WA Buy-Up 2000	**$74.25**	**$150.76**	**$146.47**	**$227.02**

Vision

Provider: Vision Service Plan (VSP)
Group Number: 30006353
Contact: (800) 877-7195 | vsp.com

Plan Name	Individual	Individual + Spouse	Individual + Child(ren)	Family
Vision Service Plan (VSP)	**$6.01**	**$9.60**	**$9.79**	**$15.77**

Health Care Flexible Spending Account (FSA)

Provider: Navia
Group: SLT
Contact: (800) 669-3539 | naviabenefits.com

Plan Name	Information
Health Care FSA	Member specific rate. Contribute to your FSA through COBRA to continue access to reimbursements for eligible expenses incurred through the end of the plan year.

Employee Assistance Program (EAP)

Provider: Curalinc EAP
Contact: (888) 881-5462 | supportlinc.com

Plan Name	Rate
SupportLinc EAP	**$1.59**