



# **COBRA**

# Member Handout

## Important Reminders

- Once notified of your qualifying event, WEX Health Inc. will mail you a COBRA election packet and your login information to your COBRA account.
- If you want to elect COBRA, you must do so within 60 days from either the date the election packet was mailed to you or your first day of COBRA (whichever is later).
- There are two ways you can elect COBRA: You can complete and return the COBRA election form to WEX Health Inc. by mail, or you can complete the online election form.
- Once you elect COBRA, you must pay your account current within 45 days of your election postmark date.
- COBRA premiums are due on an ongoing basis on the first of the month, and there's a 30-day grace period. If you don't postmark your payment within the 30-day grace period, your coverage will be terminated.
- There are three ways to make a payment:
  - Mail in a check with a payment coupon that WEX Health Inc. will provide you with.
  - Set up recurring monthly ACH withdrawals from your checking or savings account.
  - Pay online via debit or credit card. Please note: There's a \$20 processing fee associated with any payments made online, and setting up ACH withdrawals is a free option.
- Please also keep in mind that all benefit claims are handled by the benefit carrier.

## Questions? Contact Us.

### **COBRA Participant Services Contact Information**

Phone: 866-451-3399

Fax: 888-408-7224

Online Chat: [www.wexinc.com](http://www.wexinc.com)

Email: [cobraadmin@wexhealth.com](mailto:cobraadmin@wexhealth.com)

### **Payment & Election Mailing Address**

WEX Health Inc.

PO Box 2079

Omaha, NE 68103-2079

### **Hours of Operation**

Monday – Friday, 6 a.m. to 9 p.m. CST

# 2025-2026 COBRA

## Member Information

**Effective 7/1/2025**

### Carrier Information

- Medical  
Wellfleet  
  
<https://wellfleetinsurance.com/>  
  
877-657-5044
- Dental  
Delta Dental  
  
<https://www1.deltadentalins.com/>  
  
800-932-0783
- Vision  
EyeMed  
  
<https://eyemed.com/en-us>  
  
866-939-3633

### Monthly COBRA Rates

<b>Medical</b>	
<b>Learner</b>	<b>\$542.62</b>
<b>+1 Dependent</b>	<b>\$1,214.82</b>
<b>Family</b>	<b>\$1,626.90</b>
<b>Dental</b>	
<b>Learner</b>	<b>\$19.02</b>
<b>+1 Dependent</b>	<b>\$35.15</b>
<b>Family</b>	<b>\$52.31</b>
<b>Vision</b>	<b>\$5.10</b>