



California Schools Employee Benefits Organization (CSEBO) COBRA Rates
Effective January 1st, 2024-December 31st, 2024
CSEBO COBRA Rates Billed Monthly

| Tier | Anthem PPO ¹ Medical | Anthem CDHP PPO 90 | Kaiser HMO ² Medical (composite rate) | Kaiser CDHP DHMO \$1,600 | Delta Dental PPO ³ | VSP Base | VSP Optional Enhanced Buy-Up |
|-----------|---------------------------------|--------------------|--|--------------------------|-------------------------------|----------|------------------------------|
| Single | \$780.44 | \$604.36 | \$1,427.81 | \$1,131.15 | \$72.67 | \$8.23 | \$18.58 |
| Two-Party | \$1,559.79 | \$1,104.41 | \$1,427.81 | \$1,131.15 | \$130.65 | \$14.88 | \$34.11 |
| Family | \$2,105.88 | \$1,513.71 | \$1,427.81 | \$1,131.15 | \$202.86 | \$23.02 | \$53.09 |

In Accordance with the Consolidated Omnibus Budget Reconciliation Act (COBRA), when healthcare coverage ends, you or your covered dependents may be eligible to continue your benefits at your own expense for a temporary period. To be eligible you and your covered dependents must:

- Experience a qualifying event that causes a loss of coverage, and
- Make an election to continue coverage within 60 days of the date of coverage termination or the date of the Qualifying Event Notification, whichever is later

Please reach out to California Schools Employee Benefits Organization (CSEBO) at 805-383-9388 for eligibility, details of coverage, and payments.

The following chart lists qualifying events which an employee and their dependents may be eligible to enroll in COBRA.

| Qualifying Event (the reason coverage terminated) | Qualified Beneficiaries (who may continue coverage under COBRA) | Longest Period of Continuation Coverage |
|---|---|---|
| Your employment ends for any reason other than gross misconduct (separation, layoff, retirement, leave of absence) | You and your currently covered dependents | 18 months |
| Any reduction in hours that prevents you from meeting the eligibility requirements | You and your currently covered dependents | 18 months |
| You divorce or legally separate | Ex-spouse and/or children | 36 months |
| You become entitled to Medicare | currently covered dependents | 36 months |
| You die | currently covered dependents | 36 months |
| Your dependent children no longer meet the eligibility requirements | Former dependent | 36 months |

NOTE: COBRA rates do not include the permissible 2% administrative load. Please refer to the COBRA Notes page for more information.

¹Includes \$20K lifetime maximum infertility benefits, 50% coinsurance, in and out of network

²Includes chiropractic and acupuncture rider.

³Based on In-Network/Out-of-Network annual maximum of \$1,700/\$1,500 with incentive levels of 70/80/90/100, implant coverage, night guards, and 2 cleanings per year.