

2024-25 COBRA Rates

CSEA - Classified

Anthem Blue Cross

HMO20	\$20 Office Visit \$5/\$25/\$40 RX Monthly Premium:
Single	\$843.89
Two-party	\$1,687.78
Family	\$2,489.48
HMO20 Select Narrow Network	\$20 Office Visit \$5/\$25/\$40 RX Monthly Premium:
Single	\$813.69
Two-party	\$1,627.38
Family	\$2,400.39
HMO30	\$30 Office Visit \$10/\$30/\$60 RX Monthly Premium:
Single	\$787.95
Two-party	\$1,575.90
Family	\$2,324.45
HMO30 Select Narrow Network	\$40 Office Visit \$500/\$1000 Ded \$10/\$30/\$60 RX Monthly Premium:
Single	\$731.71
Two-party	\$1,463.42
Family	\$2,158.54
DHMO500 Priority Select Narrow Network	\$40 Office Visit \$500/\$1000 Ded \$10/\$30/\$60 RX Monthly Premium:
Single	\$714.14
Two-party	\$1,428.28
Family	\$2,106.71

Kaiser Permanente HMO

HMO20	\$20 Office Visit \$10/\$20 RX Monthly Premium:
Single	\$921.94
Family	\$1,842.53
HMO30	\$30 Office Visit \$15/35 RX Monthly Premium:
Single	\$890.89
Family	\$1,780.40

Kaiser Permanente Deductible HMO

	\$20 Office Visit / \$10/30 RX \$500/1000 20% Monthly Premium:
Single	\$756.54
Family	\$1,511.75
DHMO1000	\$30 Office Visit / \$10/30 RX \$1000/2000 30% Monthly Premium:
Single	\$700.13
Family	\$1,398.92

Dental

	Monthly Premium:
Delta Dental PPO-Incentive	S: \$53.75, 2-pty: \$107.50, F: \$158.56
Delta Dental PPO	S: \$44.04, 2-pty: \$88.08, F: \$129.92
Anthem Dental	S: \$38.21, 2-pty: \$76.42, F: \$112.72
DeltaCare HMO	Single, 2-pty or Family: \$54.21*

*Delta HMO is a composite rate (same cost for all tiers)

Vision

	Monthly Premium:
VSP	S:\$9.84, 2-Pty: \$19.68, F: \$29.03
EyeMed	S: \$4.70, 2-Pty: \$9.40; F: \$13.87