

**2025-26 Certificated COBRA Rate**

**PSEA - Certificated**

**Anthem Blue Cross HMO**

<b>HMO20</b>	<b>\$20 Office Visit \$5/\$25/\$40 RX Monthly Premium</b>
Single	\$913.76
2~Party	\$1,827.53
Family	\$2,695.60
<b>HMO30</b>	<b>\$30 Office Visit \$10/\$30/\$60 RX Monthly Premium</b>
Single	\$853.21
2~Party	\$1,706.42
Family	\$2,516.98
<b>DHMO40</b>	<b>\$40 Office Visit \$500/\$1000 Ded \$10/\$30/\$60 RX Monthly Premium</b>
Single	\$773.29
2~Party	\$1,546.57
Family	\$2,281.20

**Anthem Blue Cross H.S.A.**

<b>HSA 1600</b>	<b>\$1650/\$3300 90%/70% \$10/\$30 RX Monthly Premium</b>
Single	\$1,104.54
2~Party	\$2,209.09
Family	\$3,258.41

**Kaiser HMO**

<b>HMO20</b>	<b>\$20 Office Visit \$10 RX Monthly Premium</b>
Single	\$904.81
2~Party	\$1,808.46
Family	\$2,558.45
<b>DHMO500</b>	<b>\$20 Office Visit / \$10/30 RX \$500/1000 20% Monthly Premium</b>
Single	\$740.13
2~Party	\$1,479.10
Family	\$2,092.41

**Dental**

	<b>Monthly Premium</b>
Delta Dental PPO-Incentive	S-\$53.75; 2-pty-\$107.50; F-\$158.56
Delta Dental PPO	S-\$45.22; 2-pty-\$90.44; F-\$133.40
Anthem Dental	S: \$37.58 2-pty: \$75.16, F: \$110.86
DeltaCare HMO	S; 2-Pty; F - \$54.21*

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

**Vision**

	<b>Monthly Premium</b>
VSP	S:\$4.57, 2-Pty: \$9.14, F: \$13.48
EyeMed	S: \$4.37, 2-Pty: \$8.74; F: \$12.89