2025-26 COBRA Rates

CSEA - Classified

Anthem Blue Cross

HMO20	$20 Office Visit $5/$25/$40 RX Monthly Premium:
Single	$882.71
Two-party	$1,765.42
Family	$2,604.00
HMO20 Select Narrow Network	**$20 Office Visit $5/$25/$40 RX Monthly Premium:**
Single	$851.12
Two-party	$1,702.24
Family	$2,510.81
HMO30	**$30 Office Visit $10/$30/$60 RX Monthly Premium:**
Single	$824.20
Two-party	$1,648.39
Family	$2,431.37
HMO30 Select Narrow Network	**$40 Office Visit $500/$1000 Ded $10/$30/$60 RX Monthly Premium:**
Single	$765.37
Two-party	$1,530.74
Family	$2,257.83
DHMO500 Priority Select Narrow Network	**$40 Office Visit $500/$1000 Ded $10/$30/$60 RX Monthly Premium:**
Single	$746.99
Two-party	$1,493.98
Family	$2,203.62

Kaiser Permanente HMO

HMO20	$20 Office Visit $10/$20 RX Monthly Premium:
Single	$978.77
Family	$1,956.37
HMO30	**$30 Office Visit $15/35 RX Monthly Premium:**
Single	$945.80
Family	$1,890.39
DHMO500	**$20 Office Visit / $10/30 RX $500/1000 20% Monthly Premium:**
Single	$803.13

Family	**$1,605.11**
DHMO1000	**$30 Office Visit / $10/30 RX $1000/2000 30% Monthly Premium:**
Single	**$743.22**
Family	**$1,485.29**

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**