2025-26 COBRA Rates

Management / Confidential / Board

Anthem Blue Cross

HMO20	$20 Office Visit $5/$25/$40 RX Monthly Premium:
Single	$884.54
Two-party	$1,769.08
Family	$2,609.39
HMO30	**$30 Office Visit $10/$30/$60 RX Monthly Premium:**
Single	$825.90
Two-party	$1,651.80
Family	$2,436.41
DHMO40 Narrow Network	**$40 Office Visit $500/$1000 Ded $10/$30/$60 RX Monthly Premium:**
Single	$748.54
Two-party	$1,497.08
Family	$2,208.19
HSA	**$1650/$3300 Ded then 90/70% $10/$30 RX after deductible Monthly Premium:**
Single	$1,131.07
Two-party	$2,262.14
Family	$3,336.66

Kaiser Permanente HMO

HMO20	$20 Office Visit $10 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

Dental

	Monthly Premium:
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: $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:$4.57, 2-Pty: $9.14, F: $13.48
EyeMed	S: $4.37, 2-Pty: $8.74; F: $12.89