2025-26 Certificated COBRA Rate

PSEA - Certificated

Anthem Blue Cross HMO

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

Anthem Blue Cross HSA & PPO

HSA 1650	$1650/$3300 90%/70% $10/$30 RX Monthly Premium
Single	$1,104.54
2~Party	$2,209.09
Family	$3,258.41
PPO 500 90/70	**$500/$1500 90%/70% $10/$30 RX Monthly Premium**
Single	$1,977.77
2~Party	$3,955.53
Family	$5,834.41

Kaiser HMO

HMO20	$20 Office Visit $10/$20RX Monthly Premium
Single	$904.81
2~Party	$1,808.46
Family	$2,558.45
HMO30	**$30 Office Visit $15/$35 RX Monthly Premium**
Single	$874.11
2~Party	$1,747.09
Family	$2,471.63
DHMO500	**$20 Office Visit / $10/30 RX $500/1000 20% Monthly Premium**

Single	**$740.13**
2~Party	**$1,479.10**
Family	**$2,092.41**

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: $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

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