2026-27 Certificated COBRA Rate

PSEA - Certificated

Anthem Blue Cross HMO

HMO20	$20 Office Visit $5/$25/$40 RX Monthly Premium
Single	$980.56
2~Party	$1,961.12
Family	$2,892.65
HMO30	**$30 Office Visit $10/$30/$60 RX Monthly Premium**
Single	$915.58
2~Party	$1,831.16
Family	$2,700.97
DHMO500 - Select Network	**$40 Office Visit $500/$1000 Ded $10/$30/$60 RX Monthly Premium**
Single	$829.82
2~Party	$1,659.62
Family	$2,447.96

Anthem Blue Cross HSA & PPO

HSA 1700	$1700/$3400 90%/70% $10/$30 RX Monthly Premium
Single	$1,185.28
2~Party	$2,370.57
Family	$3,496.60
PPO 500 90/70	**$500/$1500 90%/70% $10/$30 RX Monthly Premium**
Single	$2,122.34
2~Party	$4,244.68
Family	$6,260.91

Kaiser HMO

HMO20	$20 Office Visit $10/$20RX Monthly Premium
Single	$973.55
2~Party	$1,944.82
Family	$2,750.94
HMO30	**$30 Office Visit $15/$35 RX Monthly Premium**
Single	$940.55
2~Party	$1,878.86
Family	$2,657.62
DHMO500	**$20 Office Visit / $10/30 RX $500/1000 20% Monthly Premium**

Single	**$796.55**
2~Party	**$1,590.82**
Family	**$2,250.02**

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**