2026-27 COBRA Rates

CSEA - Classified

Anthem Blue Cross

HMO20	$20 Office Visit $5/$25/$40 RX Monthly Premium:
Single	$947.24
Two-party	$1,894.47
Family	$2,794.35
HMO20 Select - Narrow Network	**$20 Office Visit $5/$25/$40 RX Monthly Premium:**
Single	$913.34
Two-party	$1,826.67
Family	$2,694.35
HMO30	**$30 Office Visit $10/$30/$60 RX Monthly Premium:**
Single	$884.45
Two-party	$1,768.89
Family	$2,609.10
HMO30 Select - Narrow Network	**$40 Office Visit $500/$1000 Ded $10/$30/$60 RX Monthly Premium:**
Single	$821.32
Two-party	$1,642.64
Family	$2,422.88
DHMO500 Select - Narrow Network	**$40 Office Visit $500/$1000 Ded $10/$30/$60 RX Monthly Premium:**
Single	$801.59
Two-party	$1,603.19
Family	$2,364.70

Kaiser Permanente HMO

HMO20	$20 Office Visit $10/$20 RX Monthly Premium:
Single	$1,053.04
Family	$2,103.80
HMO30	**$30 Office Visit $15/35 RX Monthly Premium:**
Single	$1,017.61
Family	$2,032.88
DHMO500	**$20 Office Visit / $10/30 RX $500/1000 20% Monthly Premium:**
Single	$864.26

Family	$1,726.26
DHMO1000	$30 Office Visit / $10/30 RX $1000/2000 30% Monthly Premium:
Single	$799.87
Family	$1,597.47

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