

2026-27 COBRA Rates
Charter Certificated and Classified
Anthem Blue Cross

HMO20	\$20 Office Visit \$5/\$25/\$40 RX Monthly Premium:
Single	\$949.20
Two-party	\$1,898.40
Family	\$2,800.14
HMO30	\$30 Office Visit \$10/\$30/\$60 RX Monthly Premium:
Single	\$886.27
Two-party	\$1,772.55
Family	\$2,614.51
DHMO500 NARROW NETWORK	\$40 Office Visit \$500/\$1000 Ded \$10/\$30/\$60 RX Monthly Premium:
Single	\$803.26
Two-party	\$1,606.52
Family	\$2,369.61
HSA 1700	\$1700/\$3400 Ded then 90/70% \$10/\$30 RX after deductible Monthly Premium:
Single	\$1,213.75
Two-party	\$2,427.50
Family	\$3,580.57

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

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