2026-27 COBRA Rates

Management / Confidential / Board

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-$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