TAMALPAIS UNION HIGH
SCHOOL DISTRICT

2026-2027 SCHOOL YEAR COBRA RATE INFORMATION,

PER TUHSD ASSOCIATED HEALTH AND WELFARE COVERAGE

COBRA Plan	Dental	Group #	Vision	Group #
Employee (Standard)	$53.57	007302-**1703**	$11.14	30081850-**0017**
Employee + 1	$107.14		$22.28	
Employee + Family	$155.36		$31.19	
Buy-Up Option A-1 (Implants) EE only	*N/A*	007302-**1708**	*N/A*	
Buy-Up Option A-1 (Implants) EE + 1	*N/A*			
Buy-Up Option A-1 (Implants) Family	*N/A*			
Buy-Up Option B-2 (Ortho) EE only	*N/A*	007302-**1709**		
Buy-Up Option B-2 (Ortho) EE + 1	*N/A*			
Buy-Up Option B-2 (Ortho) Family	*N/A*			
COBRA Medical				
Kaiser (Certf & Clasfd)	$2,325.60			
Blue Shield (Certf & Clasfd)	100% $3,147.72		80% $2,489.82	

*Rates effective 10/01/2026 through 09/30/2027 – **rates are approximate**

Name	Email	Phone
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