

**2020-21 COBRA Rates  
Charter Certificated and Classified  
Anthem Blue Cross**

HMO20	\$20 DOV \$5/\$25/\$40 RX Monthly
Single	\$703.12
Two-party	\$1,406.24
Family	\$2,074.20
HMO30	\$30 DOV \$10/\$30/\$60 RX Monthly
Single	\$656.51
Two-party	\$1,313.02
Family	\$1,936.70
DHMO40 "Narrow Network"	\$40 DOV \$500/\$1000 Ded \$10/\$30/\$60 RX Monthly
Single	\$595.02
Two-party	\$1,190.04
Family	\$1,755.31
HSA	\$1500/\$3000 Ded then 90/70% \$10/\$30 RX after deductible Monthly
Single	\$874.82
Two-party	\$1,749.64
Family	\$2,580.72

**Kaiser HMO**

HMO20	\$20 DOV \$10 RX Monthly
Single	\$731.17
Family	\$1,462.34
DHMO500	\$20 DOV / \$10/30 RX \$500/1000 20% Monthly
Single	\$599.80
Family	\$1,199.62

**Dental**

	Monthly
Delta Dental PPO-Incentive	S: \$59.37, 2-pty: \$118.74, F: \$175.14
Delta Dental PPO	S: \$48.82, 2-pty: \$97.64, F: \$144.02
Anthem Dental	S: \$41.62, 2-pty: \$3.24, F: \$122.78
DeltaCare HMO	Single, 2-pty or Family: \$53.15*

\*Delta HMO is a composite rate (same cost for all tiers)

**Vision**

	Monthly
VSP	S:\$5.10, 2-Pty: \$10.20, F: \$15.05
MES	S: \$4.50, 2-Pty: \$9.00; F: \$13.28