

**2020-21 COBRA Rates
CSEA - Classified
Anthem Blue Cross**

HMO20	\$20 DOV \$5/\$25/\$40 RX Monthly
Single	\$701.67
Two-party	\$1,403.34
Family	\$2,069.93
HMO30	\$30 DOV \$10/\$30/\$60 RX Monthly
Single	\$663.49
Two-party	\$1,326.98
Family	\$1,957.30
HMO30 Select "Narrow Network"	\$40 DOV \$500/\$1000 Ded \$10/\$30/\$60 RX Monthly
Single	\$608.40
Two-party	\$1,216.80
Family	\$1,794.78
DHMO40 Select "Narrow Network"	\$40 DOV \$500/\$1000 Ded \$10/\$30/\$60 RX Monthly
Single	\$593.79
Two-party	\$1,187.58
Family	\$1,751.68

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: \$83.24, 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:\$10.98, 2-Pty: \$21.96, F: \$32.39
MES	S: \$4.85, 2-Pty: \$9.70; F: \$14.31