

**2022-23 COBRA Rates**  
**Charter Certificated and Classified**  
**Anthem Blue Cross**

|                            |   |
|----------------------------|---|
| <b>HMO20</b>               | <b>\$20 Office Visit<br/>\$5/\$25/\$40 RX<br/>Monthly Premium:</b>                          |
| <b>Single</b>              | <b>\$742.11</b>   |
| <b>Two-party</b>           | <b>\$1,484.22</b>   |
| <b>Family</b>              | <b>\$2,189.22</b>   |
| <b>HMO30</b>               | <b>\$30 Office Visit<br/>\$10/\$30/\$60 RX<br/>Monthly Premium:</b>                         |
| <b>Single</b>              | <b>\$692.92</b>   |
| <b>Two-party</b>           | <b>\$1,385.84</b>   |
| <b>Family</b>              | <b>\$2,044.11</b>   |
| <b>DHMO NARROW NETWORK</b> | <b>\$40 Office Visit \$500/\$1000 Ded<br/>\$10/\$30/\$60 RX<br/>Monthly Premium:</b>        |
| <b>Single</b>              | <b>\$628.01</b>   |
| <b>Two-party</b>           | <b>\$1,256.02</b>   |
| <b>Family</b>              | <b>\$1,852.63</b>   |
| <b>HSA</b>                 | <b>\$1500/\$3000 Ded then 90/70%<br/>\$10/\$30 RX after deductible<br/>Monthly Premium:</b> |
| <b>Single</b>              | <b>\$913.61</b>   |
| <b>Two-party</b>           | <b>\$1,827.22</b>   |
| <b>Family</b>              | <b>\$2,695.15</b>   |

**Kaiser Permanente HMO**

|                |   |
|----------------|---|
| <b>HMO20</b>   | <b>\$20 Office Visit<br/>\$10 RX<br/>Monthly Premium:</b>                     |
| <b>Single</b>  | <b>\$777.76</b>   |
| <b>Family</b>  | <b>\$1,552.01</b>   |
| <b>DHMO500</b> | <b>\$20 Office Visit / \$10/30 RX<br/>\$500/1000 20%<br/>Monthly Premium:</b> |
| <b>Single</b>  | <b>\$638.66</b>   |
| <b>Family</b>  | <b>\$1,273.81</b>   |

**Dental**

|                                   |   |
|-----------------------------------|---|
|                                   | <b>Monthly Premium:</b>                         |
| <b>Delta Dental PPO-Incentive</b> | <b>S: \$53.75, 2-pty: \$107.50, F: \$158.56</b> |
| <b>Delta Dental PPO</b>           | <b>S: \$44.04, 2-pty: \$88.08, F: \$129.92</b>  |
| <b>Anthem Dental</b>              | <b>S: \$38.21, 2-pty: \$76.42, F: \$112.72</b>  |
| <b>DeltaCare HMO</b>              | <b>Single, 2-pty or Family: \$54.21*</b>        |

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

**Vision**

|               |   |
|---------------|---|
|               | <b>Monthly Premium:</b>                     |
| <b>VSP</b>    | <b>S:\$4.57, 2-Pty: \$9.14, F: \$13.48</b>  |
| <b>EyeMed</b> | <b>S: \$4.37, 2-Pty: \$8.74; F: \$12.89</b> |