

**2022-23 COBRA Rates
CSEA - Classified**

Anthem Blue Cross

HMO20	\$20 Office Visit \$5/\$25/\$40 RX Monthly Premium:
Single	\$740.58
Two-party	\$1,481.16
Family	\$2,184.71
HMO30	\$30 Office Visit \$10/\$30/\$60 RX Monthly Premium:
Single	\$691.49
Two-party	\$1,382.98
Family	\$2,039.90
HMO30 Select Narrow Network	\$40 Office Visit \$500/\$1000 Ded \$10/\$30/\$60 RX Monthly Premium:
Single	\$642.13
Two-party	\$1,284.26
Family	\$1,894.28
DHMO40 Priority Select Narrow Network	\$40 Office Visit \$500/\$1000 Ded \$10/\$30/\$60 RX Monthly Premium:
Single	\$626.72
Two-party	\$1,253.44
Family	\$1,848.82

Kaiser Permanente HMO

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

Dental

	Monthly Premium:
Delta Dental PPO-Incentive	S: \$53.75, 2-pty: \$107.50, F: \$158.56
Delta Dental PPO	S: \$44.04, 2-pty: \$88.08, F: \$129.92
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:\$9.84, 2-Pty: \$19.68, F: \$29.03
EyeMed	S: \$4.70, 2-Pty: \$9.40; F: \$13.87