

**2022-23 COBRA Rates**  
**Management / Confidential / Board**  
**Anthem Blue Cross**

<b>HMO20</b>	<b>\$20 Office Visit \$5/\$25/\$40 RX Monthly Premium:</b>
Single	\$742.11
Two-party	\$1,484.22
Family	\$2,189.22
<b>HMO30</b>	<b>\$30 Office Visit \$10/\$30/\$60 RX Monthly Premium:</b>
Single	\$692.92
Two-party	\$1,385.84
Family	\$2,044.11
<b>DHMO40 Narrow Network</b>	<b>\$40 Office Visit \$500/\$1000 Ded \$10/\$30/\$60 RX Monthly Premium:</b>
Single	\$628.01
Two-party	\$1,256.02
Family	\$1,852.63
<b>HSA</b>	<b>\$1500/\$3000 Ded then 90/70% \$10/\$30 RX after deductible Monthly Premium:</b>
Single	\$913.61
Two-party	\$1,827.22
Family	\$2,695.15

**Kaiser Permanente HMO**

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

**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-\$45.22; 2-pty-\$90.44; F-\$133.40</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>