

2022-23 Certificated COBRA Rate

**PSEA - Certificated**

**Anthem Blue Cross HMO**

<b>HMO20</b>	<b>\$20 Office Visit \$5/\$25/\$40 RX Monthly Premium</b>
Single	\$766.63
2~Party	\$1,533.26
Family	\$2,261.56
<b>HMO30</b>	<b>\$30 Office Visit \$10/\$30/\$60 RX Monthly Premium</b>
Single	\$715.83
2~Party	\$1,431.66
Family	\$2,111.70
<b>DHMO40</b>	<b>\$40 Office Visit \$500/\$1000 Ded \$10/\$30/\$60 RX Monthly Premium</b>
Single	\$648.77
2~Party	\$1,297.54
Family	\$1,913.87

**Anthem Blue Cross H.S.A.**

<b>PLAN 1</b>	<b>\$1500/\$3000 90%/70% \$10/\$30 RX Monthly Premium</b>
Single	\$892.19
2~Party	\$1,784.38
Family	\$2,631.96

**Kaiser HMO**

<b>HMO20</b>	<b>\$20 Office Visit \$10 RX Monthly Premium</b>
Single	\$719.19
2~Party	\$1,434.86
Family	\$2,028.85
<b>DHMO500</b>	<b>\$20 Office Visit / \$10/30 RX \$500/1000 20% Monthly Premium</b>
Single	\$588.76
2~Party	\$1,174.02
Family	\$1,659.75

**Dental**

	<b>Monthly Premium</b>
Delta Dental PPO-Incentive	S-\$53.75; 2-pty-\$107.50; F-\$158.56
Delta Dental PPO	S-\$45.22; 2-pty-\$90.44; F-\$133.40
Anthem Dental	S: \$37.58 2-pty: \$75.16, F: \$110.86
DeltaCare HMO	S; 2-Pty; F - \$54.21*

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

**Vision**

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