

**2021-22 COBRA Rates**  
**Charter Certificated and Classified**  
**Anthem Blue Cross**

<b>HMO20</b>	<b>\$20 Office Visit \$5/\$25/\$40 RX Monthly Premium:</b>
Single	\$713.69
Two-party	\$1,423.84
Family	\$2,098.48
<b>HMO30</b>	<b>\$30 Office Visit \$10/\$30/\$60 RX Monthly Premium:</b>
Single	\$666.62
Two-party	\$1,329.70
Family	\$1,959.63
<b>DHMO40 Narrow Network</b>	<b>\$40 Office Visit \$500/\$1000 Ded \$10/\$30/\$60 RX Monthly Premium:</b>
Single	\$604.51
Two-party	\$1,205.48
Family	\$1,776.40
<b>HSA</b>	<b>\$1500/\$3000 Ded then 90/70% \$10/\$30 RX after deductible Monthly Premium:</b>
Single	\$887.11
Two-party	\$1,770.68
Family	\$2,610.07

**Kaiser Permanente HMO**

<b>HMO20</b>	<b>\$20 Office Visit \$10 RX Monthly Premium:</b>
Single	\$743.78
Family	\$1,484.05
<b>DHMO500</b>	<b>\$20 Office Visit / \$10/30 RX \$500/1000 20% Monthly Premium:</b>
Single	\$610.79
Family	\$1,218.06

**Dental**

	<b>Monthly Premium:</b>
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**

	<b>Monthly Premium:</b>
VSP	S:\$5.10, 2-Pty: \$10.20, F: \$15.05
MES	S: \$4.50, 2-Pty: \$9.00; F: \$13.28