

**2021-22 COBRA Rates
Management / Confidential / Board
Anthem Blue Cross**

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

Kaiser Permanente HMO

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

Dental

	Monthly Premium:
Delta Dental PPO-Incentive	S: \$59.37, 2-pty: \$118.74, F: \$175.14
Delta Dental PPO	S-\$50.10; 2-pty-\$100.20; F-\$147.80
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

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