

2021-22 Certificated COBRA Rates

PSEA - Certificated

Anthem Blue Cross HMO

HMO20	\$20 Office Visit \$5/\$25/\$40 RX Monthly Premium
Single	\$737.16
2~Party	\$1,470.78
Family	\$2,167.72
HMO30	\$30 Office Visit \$10/\$30/\$60 RX Monthly Premium
Single	\$688.54
2~Party	\$1,373.54
Family	\$2,024.29
DHMO40	\$40 Office Visit \$500/\$1000 Ded \$10/\$30/\$60 RX Monthly Premium
Single	\$624.37
2~Party	\$1,245.20
Family	\$1,834.99

Anthem Blue Cross H.S.A.

PLAN 1	\$1500/\$3000 90%/70% \$10/\$30 RX Monthly Premium
Single	\$866.39
2~Party	\$1,729.24
Family	\$2,548.95

Kaiser HMO

HMO20	\$20 Office Visit \$10 RX Monthly Premium
Single	\$687.78
2~Party	\$1,372.05
Family	\$1,939.97
DHMO500	\$20 Office Visit / \$10/30 RX \$500/1000 20% Monthly Premium
Single	\$563.08
2~Party	\$1,122.65
Family	\$1,587.07

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: \$40.94, 2-pty: \$81.88, F: \$120.77
DeltaCare HMO	S; 2-Pty; F - \$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