

**2019-20 COBRA Rates
Charter Certificated and Classified
Anthem Blue Cross**

HMO20	\$20 DOV \$5/\$25/\$40 RX Monthly
Single	\$676.08
Two-party	\$1,352.16
Family	\$1,994.44
HMO30	\$30 DOV \$10/\$30/\$60 RX Monthly
Single	\$631.26
Two-party	\$1,262.52
Family	\$1,862.22
DHMO40 "Narrow Network"	\$40 DOV \$500/\$1000 Ded \$10/\$30/\$60 RX Monthly
Single	\$572.13
Two-party	\$1,144.26
Family	\$1,687.78
HSA	\$1500/\$3000 Ded then 90/70% \$10/\$30 RX after deductible Monthly
Single	\$874.82
Two-party	\$1,749.64
Family	\$2,580.72

Kaiser HMO

HMO20	\$20 DOV \$10 RX Monthly
Single	\$715.02
Family	\$1,430.05
DHMO500	\$20 DOV / \$10/30 RX \$500/1000 20% Monthly
Single	\$586.56
Family	\$1,173.13

Dental

	Monthly
Delta Dental PPO-Incentive	S: \$61.68, 2-pty: \$123.36, F: \$181.96
Delta Dental PPO	S: \$50.72, 2-pty: \$101.44, F: \$149.62
Anthem Dental	S: \$42.57, 2-pty: \$85.14, F: \$125.58
DeltaCare HMO	Single, 2-pty or Family: \$53.15*

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

Vision

	Monthly
VSP	S:\$5.15, 2-Pty: \$10.30, F: \$15.19
MES	S: \$4.71, 2-Pty: \$9.42; F: \$13.89