

**2018-19 COBRA Rates**  
**Charter - Certificated & Classified**  
**Anthem Blue Cross**

<b>HMO20</b>	<b>\$20 DOV \$5/\$25/\$40 RX Monthly</b>
<b>Single</b>	<b>\$662.82</b>
<b>Two-party</b>	<b>\$1,325.64</b>
<b>Family</b>	<b>\$1,955.32</b>
<b>HMO30</b>	<b>\$30 DOV \$10/\$30/\$60 RX Monthly</b>
<b>Single</b>	<b>\$618.88</b>
<b>Two-party</b>	<b>\$1,237.76</b>
<b>Family</b>	<b>\$1,825.70</b>
<b>HMO40 "Narrow Network"</b>	<b>\$40 DOV \$500/\$1000 Ded \$10/\$30/\$60 RX Monthly</b>
<b>Single</b>	<b>\$560.91</b>
<b>Two-party</b>	<b>\$1,121.82</b>
<b>Family</b>	<b>\$1,654.68</b>
<b>HSA</b>	<b>\$1500/\$3000 Ded then 90/70% \$10/\$30 RX after deductible Monthly</b>
<b>Single</b>	<b>\$769.07</b>
<b>Two-party</b>	<b>\$1,538.14</b>
<b>Family</b>	<b>\$2,268.76</b>

**Kaiser**

<b>Kaiser Hi HMO</b>	<b>\$20 DOV \$10 RX</b>
<b>Single</b>	<b>\$684.29</b>
<b>Family</b>	<b>\$1,368.58</b>
<b>Kaiser Low HMO</b>	<b>\$20 DOV \$500/\$1000 ded then 20% coinsurance \$10/30 RX</b>
<b>Single</b>	<b>\$561.35</b>
<b>Family</b>	<b>\$1,122.71</b>

**Dental**

	<b>Monthly</b>
<b>Delta Dental PPO-Incentive</b>	<b>S: \$61.68, 2-pty: \$123.36, F: \$181.96</b>
<b>Delta Dental PPO</b>	<b>S: \$50.72, 2-pty: \$101.44, F: \$149.62</b>
<b>Anthem Dental</b>	<b>S: \$44.81, 2-pty: \$89.62, F: \$132.19</b>
<b>DeltaCare HMO</b>	<b>Single, 2-pty or Family: \$53.15*</b>

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

**Vision**

	<b>Monthly</b>
<b>VSP</b>	<b>S:\$6.06, 2-Pty: \$12.12, F: \$17.88</b>
<b>MES</b>	<b>S: \$4.71, 2-Pty: \$9.42; F: \$13.89</b>