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

HMO20   \$5/\$25/\$40 RX   Monthly	НМО20	\$20 DOV
Monthly		· ·
Single       \$662.82         Two-party       \$1,325.64         Family       \$1,955.32         \$30 DOV         \$10/\$30/\$60 RX         Monthly         Single       \$618.88         Two-party       \$1,237.76         Family       \$1,825.70         HMO40       \$10/\$30/\$60 RX         "Narrow Network"       Monthly         Single       \$560.91         Two-party       \$1,121.82         Family       \$1,654.68         \$1500/\$3000 Ded then 90/70%         HSA       \$1500/\$30 RX after deductible         Monthly         Single       \$769.07         Two-party       \$1,538.14		
Two-party \$1,325.64 Family \$1,955.32  #MO30 \$10/\$30/\$60 RX  Monthly  Single \$618.88 Two-party \$1,237.76 Family \$1,825.70  HMO40 "Narrow Network" \$40 DOV \$500/\$1000 Ded \$10/\$30/\$60 RX  Monthly  Single \$560.91 Two-party \$1,121.82 Family \$1,654.68  #MO40 \$10/\$30 RX after deductible Monthly  Single \$769.07 Two-party \$1,538.14	Single	
Single   S		
HMO30		\$1,955.32
Monthly		\$30 DOV
Single         \$618.88           Two-party         \$1,237.76           Family         \$1,825.70           HMO40         \$40 DOV \$500/\$1000 Ded           "Narrow Network"         \$10/\$30/\$60 RX           Monthly         Monthly           Single         \$1,121.82           Family         \$1,654.68           \$1500/\$3000 Ded then 90/70%           HSA         \$10/\$30 RX after deductible           Monthly           Single         \$769.07           Two-party         \$1,538.14	HMO30	\$10/\$30/\$60 RX
Two-party \$1,237.76 Family \$1,825.70  HMO40 \$40 DOV \$500/\$1000 Ded \$10/\$30/\$60 RX Monthly  Single \$560.91  Two-party \$1,121.82 Family \$1,654.68  \$1500/\$3000 Ded then 90/70%  HSA \$10/\$30 RX after deductible Monthly  Single \$769.07  Two-party \$1,538.14		Monthly
Single   S	Single	\$618.88
HMO40	Two-party	
#MO40 "Narrow Network"  \$10/\$30/\$60 RX Monthly  Single  \$560.91  Two-party  \$1,121.82  Family  \$1,654.68  \$1500/\$3000 Ded then 90/70%  HSA  \$10/\$30 RX after deductible Monthly  Single  \$769.07  Two-party  \$1,538.14	Family	\$1,825.70
"Narrow Network"  Single  \$560.91  Two-party  \$1,121.82  Family  \$1,654.68  \$1500/\$3000 Ded then 90/70%  HSA  \$10/\$30 RX after deductible  Monthly  Single  \$769.07  Two-party  \$1,538.14		\$40 DOV \$500/\$1000 Ded
Monthly   Single   \$560.91		\$10/\$30/\$60 RX
Two-party \$1,121.82 Family \$1,654.68  \$1500/\$3000 Ded then 90/70%  HSA \$10/\$30 RX after deductible  Monthly  Single \$769.07 Two-party \$1,538.14		Monthly
\$1,654.68 \$1500/\$3000 Ded then 90/70% HSA \$10/\$30 RX after deductible Monthly Single \$769.07 Two-party \$1,538.14	Single	\$560.91
\$1500/\$3000 Ded then 90/70%  HSA \$10/\$30 RX after deductible  Monthly  Single \$769.07  Two-party \$1,538.14	Two-party	\$1,121.82
HSA \$10/\$30 RX after deductible Monthly Single \$769.07 Two-party \$1,538.14	Family	\$1,654.68
Monthly Single \$769.07 Two-party \$1,538.14	HSA	\$1500/\$3000 Ded then 90/70%
Single         \$769.07           Two-party         \$1,538.14		\$10/\$30 RX after deductible
Two-party \$1,538.14		Monthly
	Single	\$769.07
Family \$2.268.76	Two-party	\$1,538.14
μαιιιι <b>γ</b>	Family	\$2,268.76

## Kaiser

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

## **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: \$44.81, 2-pty: \$89.62, F: \$132.19
DeltaCare HMO	Single, 2-pty or Family: \$53.15*

<sup>\*</sup>Delta HMO is a composite rate (same cost for all tiers)

## Vision

¥151011	
	Monthly
VSP	S:\$6.06, 2-Pty: \$12.12, F: \$17.88
MES	S: \$4.71, 2-Pty: \$9.42; F: \$13.89