

**2019-20 COBRA Rates
CSEA - Classified
Anthem Blue Cross**

HMO20	\$20 DOV \$5/\$25/\$40 RX Monthly
Single	\$674.68
Two-party	\$1,349.36
Family	\$1,990.31
HMO30	\$30 DOV \$10/\$30/\$60 RX Monthly
Single	\$637.97
Two-party	\$1,275.94
Family	\$1,882.01
HMO30 Select "Narrow Network"	\$40 DOV \$500/\$1000 Ded \$10/\$30/\$60 RX Monthly
Single	\$585.00
Two-party	\$1,170.00
Family	\$1,725.75
DHMO40 Select "Narrow Network"	\$40 DOV \$500/\$1000 Ded \$10/\$30/\$60 RX Monthly
Single	\$570.95
Two-party	\$1,141.90
Family	\$1,684.30

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:\$11.02, 2-Pty: \$22.04, F: \$32.51
MES	S: \$5.07, 2-Pty: \$10.14; F: \$14.96