

## 2018-19 Certificated COBRA Rates

### Anthem Blue Cross

HMO20	\$20 DOV \$5/\$25/\$40 RX Monthly
Single	\$684.73
2~Party	\$1,369.46
Family	\$2,019.95
HMO30	\$30 DOV \$10/\$30/\$60 RX Monthly
Single	\$639.34
2~Party	\$1,278.68
Family	\$1,886.05
HMO40	\$40 DOV / \$250 Hospital Co-Pay \$10/\$30/\$60 RX Monthly
Single	\$579.45
2~Party	\$1,158.90
Family	\$1,709.38

### Anthem Blue Cross H.S.A.

PLAN 1	\$1500/\$3000 90%/70% \$10/\$30 RX Monthly
Single	\$751.04
2~Party	\$1,502.08
2-Party (One with and one w/o)	\$2,215.57

### Kaiser HMO

\$20 DOV \$10 RX	Monthly
Single	\$632.51
2~Party	\$1,265.06
Family	\$1,790.05

### Kaiser Low

\$20 DOV \$500/1000 20% \$10/30 RX	Monthly
Single	\$517.24
2~Party	\$1,034.51
Family	\$1,463.82

### 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: \$44.08, 2-pty: \$88.16, F: \$130.04
DeltaCare HMO	Single, 2-pty or Family: \$53.15*

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

### Vision

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