

2018-19 Classified COBRA Rates

Anthem Blue Cross

HMO20	\$20 DOV \$5/\$25/\$40 RX Monthly
Single	\$661.45
Two-party	\$1,322.90
Family	\$1,951.28
HMO30	\$30 DOV \$10/\$30/\$60 RX Monthly
Single	\$625.31
Two-party	\$1,250.62
Family	\$1,844.66
HMO30 Select "Narrow Network"	\$30 DOV \$19/\$50/\$75 RX Monthly
Single	\$573.53
Two-party	\$1,147.06
Family	\$1,691.91
HMO40 "Narrow Network"	\$40 DOV \$500/\$1000 Ded \$10/\$30/\$60 RX Monthly
Single	\$559.75
Two-party	\$1,119.50
Family	\$1,651.26

Kaiser Hi HMO

\$20 DOV \$10 RX	Monthly
Single	\$684.29
Family	\$1,368.58

Kaiser Low HMO

\$20 DOV \$500/1000 20% \$10/30 RX	Monthly
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*

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

Vision

	Monthly
VSP	S:\$12.96, 2-Pty: \$25.92, F: \$38.23
MES	S: \$5.07, 2-Pty: \$10.14; F: \$14.96