

## 2019-20 Certificated COBRA Rates Anthem Blue Cross HMO

HMO20	\$20 DOV \$5/\$25/\$40 RX Monthly
Single	\$698.42
2~Party	\$1,396.84
Family	\$2,060.34
HMO30	\$30 DOV \$10/\$30/\$60 RX Monthly
Single	\$652.13
2~Party	\$1,304.26
Family	\$1,923.78
DHMO40	\$40 DOV \$500/\$1000 Ded \$10/\$30/\$60 RX Monthly
Single	\$591.04
2~Party	\$1,182.08
Family	\$1,743.57

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

PLAN 1	\$1500/\$3000 90%/70% \$10/\$30 RX Monthly
Single	\$854.31
2~Party	\$1,708.62
Family	\$2,520.21

### Kaiser HMO

HMO20	\$20 DOV \$10 RX Monthly
Single	\$660.92
2~Party	\$1,321.87
Family	\$1,870.44
DHMO500	\$20 DOV / \$10/30 RX \$500/1000 20% Monthly
Single	\$540.47
2~Party	\$1,080.97
Family	\$1,529.56

### Dental

	Monthly
Delta Dental PPO-Incentive	S: \$61.68, 2-pty: \$123.36, F: \$181.96
Delta Dental PPO	S: \$52.05, 2-pty: \$104.10, F: \$153.55
Anthem Dental	S: \$41.88, 2-pty: \$83.76, F: \$123.55
DeltaCare HMO	Single, 2-pty or Family: \$53.15*

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

### Vision

	Monthly
VSP	S:\$5.15, 2-Pty: \$10.30, F: \$15.19
MES	S: \$4.71, 2-Pty: \$9.42; F: \$13.89