

**2019-20 COBRA Rates  
Management, Confidential & Board  
Anthem Blue Cross**

<b>HMO20</b>	<b>\$20 DOV \$5/\$25/\$40 RX Monthly</b>
Single	\$676.08
Two-party	\$1,352.16
Family	\$1,994.44
<b>HMO30</b>	<b>\$30 DOV \$10/\$30/\$60 RX Monthly</b>
Single	\$631.26
Two-party	\$1,262.52
Family	\$1,862.22
<b>DHMO40 "Narrow Network"</b>	<b>\$40 DOV \$500/\$1000 Ded \$10/\$30/\$60 RX Monthly</b>
Single	\$572.13
Two-party	\$1,144.26
Family	\$1,687.78
<b>HSA</b>	<b>\$1500/\$3000 Ded then 90/70% \$10/\$30 RX after deductible Monthly</b>
Single	\$874.82
Two-party	\$1,749.64
Family	\$2,580.72

**Kaiser HMO**

<b>HMO20</b>	<b>\$20 DOV \$10 RX Monthly</b>
Single	\$715.02
Family	\$1,430.05
<b>DHMO500</b>	<b>\$20 DOV / \$10/30 RX \$500/1000 20% Monthly</b>
Single	\$586.56
Family	\$1,173.13

**Dental**

	<b>Monthly</b>
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: \$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**

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