

2023 COBRA Rates for Health, Dental and Vision Plans

Plan Name	Single (1)	Two-Party (2)	Family (3+)
Health Plans			
Anthem Blue Cross EPO (Restricted to Del Norte County)	\$1,105.57	\$2,211.14	\$2,874.47
Anthem Blue Cross Select HMO	\$921.93	\$1,843.85	\$2,397.01
Anthem Blue Cross Traditional HMO	\$1,138.98	\$2,277.97	\$2,961.36
Blue Shield Access+	\$859.46	\$1,718.92	\$2,234.61
Blue Shield Access+ EPO (Restricted to certain counties)	\$859.46	\$1,718.92	\$2,234.61
Blue Shield Trio (Restricted to certain counties)	\$775.92	\$1,551.85	\$2,017.41
Health Net Salud y Más	\$644.53	\$1,289.06	\$1,675.77
Health Net SmartCare	\$1,013.26	\$2,026.52	\$2,634.47
Kaiser (CA)	\$869.73	\$1,739.47	\$2,261.31
Kaiser (Out-of-State)	\$1,178.54	\$2,357.08	\$3,064.20
PERS Platinum	\$1,105.57	\$2,211.14	\$2,874.47
PERS Gold	\$781.43	\$1,562.86	\$2,031.73

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PORAC	\$790.50	\$1,555.50	\$2,040.00
Sharp (Restricted to San Diego County)	\$780.26	\$1,560.52	\$2,028.68
UnitedHealthcare Alliance HMO	\$858.55	\$1,717.11	\$2,232.24
UnitedHealthcare Harmony HMO	\$736.73	\$1,473.45	\$1,915.49
Western Health Advantage (Restricted to Bay Area, Sacramento, and other Northern regions)	\$775.37	\$1,550.75	\$2,015.97

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Dental Plans			
<i>Delta Dental PPO Indemnity Plan</i>			
Basic	\$31.06	\$58.67	\$117.80
Enhanced Level I	\$37.78	\$71.48	\$147.38
Enhanced Level II	\$46.77	\$88.25	\$172.41
<i>DeltaCare USA Prepaid HMO Plan</i>			
Basic	\$19.23	\$31.70	\$46.89
Enhanced	\$25.54	\$42.16	\$62.34

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Vision Plans			
VSP Actives	\$7.09	\$7.09	\$7.09
VSP Actives Premier	\$11.20	\$22.40	\$36.07
VSP Retirees	\$5.20	\$9.49	\$10.17
VSP Retirees Premier	\$15.09	\$28.18	\$30.23