

2023 COBRA *rates*

Medical plans per month						
COVERAGE	ANTHEM (ALL LOCATIONS)		KAISER PERMANENTE (CALIFORNIA)		KAISER PERMANENTE (PARTS OF OREGON AND WASHINGTON)	
	BASE PPO	CDHP	HMO	CDHP	HMO	CDHP
INDIVIDUAL	\$697.50	\$703.24	\$628.62	\$485.79	\$588.56	\$363.73
INDIVIDUAL + SPOUSE	\$1,394.94	\$1,406.48	\$1,257.86	\$972.06	\$1,177.12	\$727.46
INDIVIDUAL + CHILD(REN)	\$1,185.70	\$1,208.26	\$1,045.39	\$807.84	\$977.01	\$603.80
FAMILY	\$2,162.17	\$2,133.26	\$1,927.96	\$1,489.85	\$1,806.88	\$1,116.62

Dental plans per month			
COVERAGE	PREVENTIVE PLAN	ENHANCED PLAN	PREMIUM PLAN
INDIVIDUAL	\$14.09	\$42.29	\$60.24
INDIVIDUAL + SPOUSE	\$31.09	\$91.46	\$130.33
INDIVIDUAL + CHILD(REN)	\$33.84	\$102.24	\$155.98
FAMILY	\$53.65	\$157.43	\$235.63

Vision plans per month		
COVERAGE	BASE PLAN	ENHANCED PLAN
INDIVIDUAL	\$18.84	\$40.86
INDIVIDUAL + SPOUSE	\$37.66	\$81.70
INDIVIDUAL + CHILD(REN)	\$31.55	\$68.44
FAMILY	\$50.98	\$110.63

EMPLOYEE ASSISTANCE PROGRAM (EAP): \$1.70 per month for individual or family coverage.