2026 COBRA *rates*

Medical plans per month

COVERAGE	ANTHEM (ALL LOCATIONS)		KAISER PERMANENTE (CALIFORNIA)		KAISER PERMANENTE (PARTS OF OREGON AND WASHINGTON)	
	BASE PPO	CDHP	DEDUCTIBLE HMO	CDHP	DEDUCTIBLE HMO	CDHP
INDIVIDUAL	$888.09	$919.69	$835.47	$645.64	$782.23	$483.42
INDIVIDUAL + SPOUSE	$1,776.14	$1,839.40	$1,671.78	$1,291.92	$1,564.46	$966.84
INDIVIDUAL + CHILD(REN)	$1,509.73	$1,588.46	$1,389.39	$1,073.70	$1,298.50	$802.47
FAMILY	$2,753.04	$2,759.50	$2,562.39	$1,980.12	$2,401.44	$1,484.05

Dental plans per month

COVERAGE	BASE PLAN	PREMIUM PLAN
INDIVIDUAL	$43.36	$62.21
INDIVIDUAL + SPOUSE	$93.77	$134.59
INDIVIDUAL + CHILD(REN)	$104.82	$161.08
FAMILY	$161.38	$243.34

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): $1.68 per month for individual or family coverage.

Lam RESEARCH