

2027 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	\$956.38	\$998.91	\$887.68	\$685.98	\$831.11	\$513.62
INDIVIDUAL + SPOUSE	\$1,912.71	\$1,997.83	\$1,776.24	\$1,372.64	\$1,662.21	\$1,027.24
INDIVIDUAL + CHILD(REN)	\$1,625.85	\$1,727.59	\$1,476.21	\$1,140.79	\$1,379.63	\$852.61
FAMILY	\$2,964.73	\$2,988.68	\$2,722.50	\$2,103.83	\$2,551.50	\$1,576.77

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): \$1.83 per month for individual or family coverage.