## **Certificated COBRA Rates**

The following charts summarize the monthly amounts SAUSD COBRA subscribers pay for their health insurance coverage.

COBRA Subscribers are billed a month in advance, on the third Monday of every month, and their payments are due the second Friday of the following month.

## Rates are effective: July 1, 2021 through June 30, 2022

Medical Rates					Dental Rates			
	Blue Shield Access+ HMO	Blue Shield Spectrum PPO	Blue Shield Trio ACO HMO	Kaiser Permanente HMO	C	Delta Care USA DHMO	Delta Dental Incentive DPPO	Delta Dental Network DPPO
Single Coverage (Subscriber Only)								
Total Plan Cost	\$697.88/MO.	\$913.37 <sub>/MO</sub> .	\$492.92/MO.	\$588.23/мо.		\$18.13 <sub>/MO</sub> .	\$56.76/MO.	\$47.53/MO.
Two-Party Coverage (Subscriber +1 dependent)								
Total Plan Cost	\$1,443.71/MO.	\$1,897.63 <sub>/MO</sub> .	\$1,018.51/MO.	\$1,172.82 <sub>/MO</sub> .		\$29.92 <sub>/MO</sub> .	\$157.78 <sub>/MO</sub> .	\$132.13 <sub>/MO</sub> .
Family Coverage (Subscriber +2 or more dependents)								
Total Plan Cost	\$2,079.24 <sub>/MO</sub> .	\$2,725.03 <sub>/MO</sub> .	\$1,467.87 <sub>/MO.</sub>	\$1,663.16 <sub>/MO</sub> .		\$44.22 <sub>/MO</sub> .	\$214.62 <sub>/мо.</sub>	\$179.71 <sub>/MO.</sub>

Blue Shield rates include: Medical, Express Scripts pharmacy, and V.S.P. vision coverage Kaiser Permanente rates include: Medical, Kaiser pharmacy, and V.S.P. vision coverage