



## 2024-25 Monthly Premium Rate Table COBRA Plan year is August 1, 2024 through July 31, 2025

Plan	Single (Subscriber)	Two Party (Subscriber + 1)	Family (Subscriber + 2 or more)
Kaiser Traditional HMO	\$825.54	\$1,651.07	\$2,336.27
Kaiser Choice HMO	\$702.97	\$1,405.95	\$1,989.42
Kaiser Virtual Complete HMO	\$645.52	\$1,291.03	\$1,826.81
Blue Shield Signature HMO	\$774.52	\$1,549.05	\$2,191.93
Blue Shield Access + HMO	\$672.15	\$1,344.34	\$1,902.32
Blue Shield Gold Trio HMO	\$630.53	\$1,261.16	\$1,784.55
Blue Shield PPO	\$1,443.24	\$2,941.33	\$4,565.38
Blue Shield Needles PPO	\$1,629.59	\$3,319.34	\$5,143.33
Blue Shield Virtual Blue Needles PPO	\$1,476.40	\$3,007.31	\$4,659.83
Delta Dental DPPO	\$47.48	\$89.01	\$152.70
Delta Dental Care DHMO	\$18.65	\$32.04	\$42.73
Vision – General	\$5.08	-	-
Vision – Safety Unit	\$10.82	\$10.82	\$10.82
Vision – Exempt Unit	\$12.73	\$12.73	\$12.73
Vision – Voluntary Dependent Coverage	\$4.99	\$11.96	\$24.47

**Payment is due and effective August 1, 2024, for coverage beginning August 1, 2024**

### Resources

Employee Benefits <https://link.sbcounty.gov/benefits> | COBRA Enrollment/Change Forms <https://link.sbcounty.gov/cobra/>  
 Kaiser Permanente | [www.kp.org](http://www.kp.org) | (800) 464-4000  
 Blue Shield of California | [www.blueshieldca.com](http://www.blueshieldca.com) | (855) 599-2657  
 Delta Dental | [www.deltadentalins.com](http://www.deltadentalins.com) | (855) 244-7323  
 EyeMed Vision Care | [www.eyemed.com](http://www.eyemed.com) | (877) 406-4146