



2022-23 Monthly Premium Rate Table
COBRA Plan year is August 1, 2022 through July 31, 2023

Plan	Single (Subscriber)	Two Party (Subscriber + 1)	Family (Subscriber + 2 or more)
Kaiser Traditional HMO	\$707.84	\$1,415.68	\$2,003.17
Kaiser Choice HMO	\$614.11	\$1,228.23	\$1,737.99
Blue Shield Signature HMO	\$680.31	\$1,360.71	\$1,925.39
Blue Shield Access + HMO	\$590.42	\$1,180.95	\$1,671.04
Blue Shield PPO	\$1,267.77	\$2,583.72	\$4,010.30
Blue Shield Needles PPO	\$1,431.48	\$2,915.74	\$4,518.02
Delta Dental DPPO	\$48.06	\$92.19	\$159.91
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, 2022, for coverage beginning August 1, 2022

Resources

Employee Benefits <https://link.sbcounty.gov/benefits> | COBRA Enrollment/Change Forms <https://link.sbcounty.gov/cobra/>

Kaiser Permanente | www.kp.org | (800) 464-4000

Blue Shield of California | www.blueshieldca.com | (855) 599-2657

Delta Dental | www.deltadentalins.com | (855) 244-7323

EyeMed Vision Care | www.eyemed.com | (877) 406-4146

Total Administrative Services Corporation (TASC) | <https://www.tasconline.com/ubaaccess> | (800) 442-4661 (Retirement Medical Trust Plan reimbursements)