

2026 COBRA Rates



Monthly rates

Medical	Employee only	Employee + spouse/DP	Employee + child(ren)	Employee + family
Anthem Consumer Choice HDHP	\$845.29	\$1,775.09	\$1,521.51	\$2,620.39
Anthem Exclusive Care EPO	\$949.23	\$1,993.37	\$1,708.59	\$2,942.57
Anthem Basic HDHP	\$750.81	\$1,576.69	\$1,351.45	\$2,327.50
Kaiser California HMO	\$878.50	\$1,844.84	\$1,581.30	\$2,723.34
Kaiser California HDHP HMO	\$766.03	\$1,611.60	\$1,394.90	\$2,333.93
Kaiser NW HMO	\$1,084.53	\$2,277.39	\$1,952.15	\$3,362.03
Kaiser NW HDHP HMO	\$921.34	\$1,937.65	\$1,674.44	\$2,815.37

Dental	Employee only	Employee + spouse/DP	Employee + child(ren)	Employee + family
Aetna Dental HMO	\$18.66	\$37.31	\$41.96	\$60.63
Delta Dental PPO	\$44.03	\$92.49	\$79.27	\$136.54

Vision	Employee only	Employee + spouse/DP	Employee + child(ren)	Employee + family
VSP Basic	\$7.34	\$10.42	\$12.37	\$19.67
VSP Buy Up	\$12.75	\$18.12	\$21.48	\$34.34

EAP	Employee + family
Lyra	\$13.23

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