

2025 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	\$827.38	\$849.50	\$782.64	\$604.81	\$732.76	\$452.85
INDIVIDUAL + SPOUSE	\$1,654.72	\$1,699.00	\$1,566.06	\$1,210.22	\$1,465.52	\$905.70
INDIVIDUAL + CHILD(REN)	\$1,406.52	\$1,465.17	\$1,301.52	\$1,005.80	\$1,216.38	\$751.73
FAMILY	\$2,564.83	\$2,556.42	\$2,400.35	\$1,854.89	\$2,249.57	\$1,390.20

Dental plans per month		
COVERAGE	BASE PLAN	PREMIUM PLAN
INDIVIDUAL	\$43.01	\$61.71
INDIVIDUAL + SPOUSE	\$93.02	\$133.52
INDIVIDUAL + CHILD(REN)	\$103.98	\$159.79
FAMILY	\$160.10	\$241.39

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): \$1.68 per month for individual or family coverage.