

County of San Diego – 2017 COBRA Rates January 1, 2017 through December 31, 2017

Anthem Blue Cross					Kaiser Medical Plan		
	Select	Full Access	PPO	HDP		HMO	HDP
Member Only	\$ 639.52	\$ 1,490.61	\$ 1,201.91	\$ 939.58	Member Only	\$499.88	\$390.23
Member + 1	\$1,278.86	\$ 2,981.15	\$ 2,403.77	\$ 1,879.08	Member + 1	\$999.76	\$780.45
Member + 2	\$1,809.50	\$ 4,218.39	\$ 3,401.35	\$ 2,658.94	Member + 2	\$1,414.68	\$1,104.33

	Delta DHMO Dental	Delta PPO Dental
Member Only	\$13.95	\$49.06
Member + 1	\$25.21	\$98.08
Member + 2	\$32.29	\$140.07

Vision Service Plan	
Member Only	\$9.08
Member + 1	\$20.97
Member + 2	\$28.42