

2027 COBRA PREMIUM RATES

Plans	2027 Monthly Rates		
	\$25 Co-Pay	\$40 Co-Pay	ABHP
<u>Kaiser HMO</u>			
Employee Only	\$ 1,060.92	\$ 1,046.10	\$ 865.72
Employee + 1 dependent	\$ 2,119.84	\$ 2,090.20	\$ 1,729.44
Employee + 2 or more dep.	\$ 2,818.74	\$ 2,779.30	\$ 2,299.48
Domestic Partner	\$ 1,058.92	\$ 1,044.10	\$ 863.72
<u>Western Health Advantage</u>			
Employee Only	\$ 1,098.60	\$ 1,077.59	\$ 737.15
Employee + 1 dependent	\$ 2,197.08	\$ 2,155.04	\$ 1,474.21
Employee + 2 or more dep.	\$ 2,922.22	\$ 2,866.30	\$ 1,960.77
Domestic Partner	\$ 1,098.48	\$ 1,077.45	\$ 737.05
<u>Sutter Health Plan</u>			
Employee Only	\$ 1,183.91	\$ 1,083.65	\$ 891.68
Employee + 1 dependent	\$ 2,367.93	\$ 2,167.40	\$ 1,783.37
Employee + 2 or more dep.	\$ 3,150.17	\$ 2,883.44	\$ 2,371.91
Domestic Partner	\$ 1,184.02	\$ 1,083.75	\$ 891.68
<u>Delta Dental DPO</u>			
Employee Only	\$ 59.79		
Employee + 1 dependent	\$ 113.57		
Employee + 2 or more dep.	\$ 151.20		
Domestic Partner	\$ 53.77		
<u>DeltaCare Dental PMI</u>			
Employee Only	\$ 29.13		
Employee + 1 dependent	\$ 55.32		
Employee + 2 or more dep.	\$ 73.64		
Domestic Partner	\$ 26.19		
Plans	Basic	Enhanced	
<u>VSP-Vision Service Plan</u>			
Employee Only	\$ 8.61	\$ 13.28	
Employee + 1 dependent	\$ 12.38	\$ 19.05	
Employee + 2 or more dep.	\$ 22.15	\$ 34.11	
Domestic Partner	\$ 3.77	\$ 5.51	

COBRA is continuation of existing coverage at your own cost.

City will invoice COBRA enrollee for premiums for Sutter Health Plus and Western Health Advantage coverage.

All other carriers will invoice the COBRA enrollee directly.

Failure to pay an invoice by the payment deadline will result in cancellation of coverage.

More affordable coverage may be found at <https://www.healthcare.gov/marketplace-in-your-state/>.

Benefit Services Division

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