



2026-27 Monthly Premium Rate Table
COBRA Plan year is August 1, 2026, through July 31, 2027

Plan	Single (Subscriber)	Two Party (Subscriber + 1)	Family (Subscriber + 2 or more)
Kaiser Traditional HMO	\$924.03	\$1,848.06	\$2,614.99
Kaiser Choice HMO	\$787.15	\$1,574.31	\$2,227.65
Kaiser Virtual Complete HMO	\$722.80	\$1,445.61	\$2,045.53
Blue Shield Signature HMO	\$919.01	\$1,838.04	\$2,600.84
Blue Shield Access + HMO	\$797.53	\$1,595.18	\$2,257.23
Blue Shield Gold Trio HMO	\$748.20	\$1,496.43	\$2,117.51
Blue Shield PPO	\$1,712.49	\$3,490.05	\$5,417.11
Blue Shield Needles PPO	\$1,933.59	\$3,938.58	\$6,102.87
Blue Shield Virtual Blue Needles PPO	\$1,751.82	\$3,568.34	\$5,529.20
Delta Dental DPPO	\$49.36	\$94.74	\$164.26
Delta Dental Care DHMO	\$18.65	\$32.04	\$42.73
Vision – General	\$5.08	-	-
Vision – Safety/Nurses/Professional 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, 2026, for coverage beginning August 1, 2026

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

VOYA Financial | <https://www.voya.com/ws/myHRA> | (833) 232-4673 (Retirement Medical Trust Plan reimbursements)