



2023-24 Monthly Premium Rate Table
COBRA Plan year is August 1, 2023 through July 31, 2024

| Plan | Single (Subscriber) | Two Party (Subscriber + 1) | Family (Subscriber + 2 or more) |
|---------------------------------------|--------------------------------|---------------------------------------|--|
| Kaiser Traditional HMO | \$764.46 | \$1528.95 | \$2,163.41 |
| Kaiser Choice HMO | \$650.95 | \$1,301.94 | \$1,842.28 |
| Kaiser Virtual Complete HMO | \$597.76 | \$1,195.52 | \$1,691.67 |
| Blue Shield Signature HMO | \$ 734.54 | \$ 1,469.12 | \$ 2,078.81 |
| Blue Shield Access + HMO | \$ 637.45 | \$1,274.99 | \$ 1,804.16 |
| Blue Shield Gold Trio HMO | \$ 598.01 | \$ 1,196.07 | \$ 1,692.49 |
| Blue Shield PPO | \$ 1,368.77 | \$ 2,789.55 | \$ 4,329.79 |
| Blue Shield Needles PPO | \$ 1,545.49 | \$ 3,148.04 | \$ 4,877.92 |
| Delta Dental DPPO | \$46.62 | \$89.42 | \$155.11 |
| Delta Dental Care DHMO | \$18.65 | \$32.04 | \$42.73 |
| Vision – General | \$5.08 | - | - |
| Vision – Safety 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, 2023, for coverage beginning August 1, 2023

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
 Total Administrative Services Corporation (TASC) | <https://www.tasconline.com/ubaaccess> | (800) 442-4661 (Retirement Medical Trust Plan reimbursements)