



2025-26 Monthly Premium Rate Table
COBRA Plan year is August 1, 2025 through July 31, 2026

Plan	Single (Subscriber)	Two Party (Subscriber + 1)	Family (Subscriber + 2 or more)
Kaiser Traditional HMO	\$888.61	\$1,777.23	\$2,514.78
Kaiser Choice HMO	\$756.88	\$1,513.76	\$2,141.97
Kaiser Virtual Complete HMO	\$695.00	\$1,389.99	\$1,966.85
Blue Shield Signature HMO	\$843.81	\$1,687.69	\$2,388.06
Blue Shield Access + HMO	\$732.31	\$1,464.68	\$2,072.56
Blue Shield Gold Trio HMO	\$687.00	\$1,374.00	\$1,944.27
Blue Shield PPO	\$1,572.39	\$3,204.52	\$4,973.94
Blue Shield Needles PPO	\$1,775.40	\$3,616.36	\$5,603.58
Blue Shield Virtual Blue Needles PPO	\$1,608.51	\$3,276.41	\$5,076.84
Delta Dental DPPO	\$48.83	\$91.62	\$157.21
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, 2025, for coverage beginning August 1, 2025

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)