



2025 Monthly COBRA Rates

Medical				
	Essential CDHP	Standard PPO	Premium PPO	Kaiser HMO (CA Only)
Employee Only	\$566.62	\$701.72	\$796.28	\$666.72
Employee + One	\$1,057.26	\$1,315.88	\$1,493.24	\$1,253.43
Employee + Family	\$1,542.32	\$1,874.71	\$2,127.36	\$1,780.14

Dental		
	Delta PPO	Delta DHMO
Employee Only	\$38.32	\$17.74
Employee + One	\$71.43	\$30.53
Employee + Family	\$100.85	\$50.11

Vision		
	Core	Enhanced
Employee Only	\$6.63	\$11.42
Employee + One	\$12.51	\$21.54
Employee + Family	\$18.30	\$31.55