



## CITY OF RIVERSIDE 2022 COBRA RATES HEALTH/VISION and DENTAL

HEALTH & DENTAL PROVIDER/COVERAGE CATEGORY*	MONTHLY MEDICAL PREMIUM	TOTAL (COBRA) MONTHLY PREMIUM**
<b>Kaiser Permanente HMO \$15 COBRA</b>		
Single	\$620.68	\$633.09
2-Party	\$1,253.78	\$1,278.86
Family	\$1,675.86	\$1,709.38
<b>Kaiser Permanente HMO \$30 COBRA</b>		
Single	\$562.26	\$573.51
2-Party	\$1,135.74	\$1,158.45
Family	\$1,518.08	\$1,548.44
<b>Blue Shield HMO \$15 COBRA</b>		
Single	\$801.78	\$817.82
2-Party	\$1,622.86	\$1,655.32
Family	\$2,241.50	\$2,286.33
<b>Blue Shield HMO \$20 COBRA</b>		
Single	\$679.46	\$693.05
2-Party	\$1,374.80	\$1,402.30
Family	\$1,898.06	\$1,936.02
<b>Blue Shield TRIO HMO \$20 COBRA</b>		
Single	\$585.36	\$597.07
2-Party	\$1,184.36	\$1,208.05
Family	\$1,635.16	\$1,667.86
<b>Blue Shield PPO, Blue Card COBRA</b>		
Single	\$1,192.80	\$1,216.66
2-Party	\$2,385.82	\$2,433.54
Family	\$3,042.80	\$3,103.66
<b>Blue Shield Facility COBRA (for Temporary Employees)</b>		
Single	\$368.92	\$376.30
2-Party	\$774.66	\$790.15
Family	\$1,106.82	\$1,128.96
<b>Delta Dental PPO COBRA</b>		
Single	69.03	\$70.41
2-Party	125.27	\$127.78
Family	176.39	\$179.92
<b>DeltaCare USA Dental PMI/DHMO COBRA</b>		
Single	21.24	\$21.66
2-Party	32.18	\$32.82
Family	47.92	\$48.88
<b>Local Advantage Dental Plan COBRA</b>		
Single	69.03	\$70.41
2-Party	125.27	\$127.78
Family	176.39	\$179.92
<b>VSP Vision COBRA</b>		
Single	\$6.74	\$6.87
2-Party	\$9.64	\$9.83
Family	\$17.26	\$17.61

\*RATES ARE SUBJECT TO CHANGE

\*\*INCLUDES 2% ADMINISTRATIVE FEE