



CITY OF RIVERSIDE 2024 COBRA RATES HEALTH/VISION and DENTAL

HEALTH & DENTAL PROVIDER/COVERAGE CATEGORY*	MONTHLY MEDICAL PREMIUM	TOTAL (COBRA) MONTHLY PREMIUM**
Kaiser Permanente HMO \$15 COBRA		
Single	\$800.78	\$816.80
2-Party	\$1,617.56	\$1649.91
Family	\$2,162.08	\$2205.32
Kaiser Permanente HMO \$30 COBRA		
Single	\$726.26	\$740.79
2-Party	\$1,467.04	\$1496.38
Family	\$1,960.90	\$2000.12
Blue Shield HMO \$15 COBRA		
Single	\$869.88	\$887.28
2-Party	\$1,760.74	\$1795.95
Family	\$2,431.96	\$2480.60
Blue Shield HMO \$20 COBRA		
Single	\$737.20	\$751.94
2-Party	\$1,491.60	\$1521.43
Family	\$2,059.34	\$2100.53
Blue Shield TRIO HMO \$20 COBRA		
Single	\$635.08	\$647.78
2-Party	\$1,285.00	\$1310.70
Family	\$1,774.08	\$1809.56
Blue Shield PPO, Blue Card COBRA		
Single	\$1,352.86	\$1379.92
2-Party	\$2,705.98	\$2760.10
Family	\$3,451.14	\$3520.16
Blue Shield Facility COBRA (for Temporary Employees)		
Single	\$400.26	\$408.27
2-Party	\$840.48	\$857.29
Family	\$1,200.88	\$1224.90
Delta Dental PPO COBRA		
Single	69.03	\$70.41
2-Party	125.27	\$127.78
Family	176.39	\$179.92
DeltaCare USA Dental PMI/DHMO COBRA		
Single	21.24	\$21.66
2-Party	32.18	\$32.82
Family	47.92	\$48.88
Local Advantage Dental Plan COBRA		
Single	69.03	\$70.41
2-Party	125.27	\$127.78
Family	176.39	\$179.92
VSP Vision COBRA		
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