



**CITY OF RIVERSIDE  
2020 COBRA RATES  
HEALTH/VISION and DENTAL**

<b>HEALTH &amp; DENTAL PROVIDER/COVERAGE CATEGORY*</b>	<b>MONTHLY MEDICAL/DENTAL PREMIUM</b>	<b>MONTHLY VISION PREMIUM</b>	<b>TOTAL (RAW) MONTHLY PREMIUM</b>	<b>TOTAL (COBRA) MONTHLY PREMIUM**</b>
<b>Kaiser Permanente HMO \$15 COBRA</b>				
Single	\$628.14	\$6.74	\$634.88	\$647.58
2-Party	\$1,268.82	\$9.64	\$1,278.46	\$1,304.03
Family	\$1,695.94	\$17.26	\$1,713.20	\$1,747.46
<b>Kaiser Permanente HMO \$30 COBRA</b>				
Single	\$569.02	\$6.74	\$575.76	\$587.28
2-Party	\$1,149.44	\$9.64	\$1,159.08	\$1,182.26
Family	\$1,536.36	\$17.26	\$1,553.62	\$1,584.69
<b>Blue Shield HMO \$15 COBRA</b>				
Single	\$738.52	\$6.74	\$745.26	\$760.17
2-Party	\$1,494.82	\$9.64	\$1,504.46	\$1,534.55
Family	\$2,064.62	\$17.26	\$2,081.88	\$2,123.52
<b>Blue Shield HMO \$20 COBRA</b>				
Single	\$625.86	\$6.74	\$632.60	\$645.25
2-Party	\$1,266.32	\$9.64	\$1,275.96	\$1,301.48
Family	\$1,748.30	\$17.26	\$1,765.56	\$1,800.87
<b>Blue Shield HMO \$20 TRIO COBRA</b>				
Single	\$539.18	\$6.74	\$545.92	\$556.84
2-Party	\$1,090.92	\$9.64	\$1,100.56	\$1,122.57
Family	\$1,506.14	\$17.26	\$1,523.40	\$1,553.87
<b>Blue Shield PPO, Blue Card COBRA</b>				
Single	\$1,097.54	\$6.74	\$1,104.28	\$1,126.37
2-Party	\$2,195.28	\$9.64	\$2,204.92	\$2,249.02
Family	\$2,799.80	\$17.26	\$2,817.06	\$2,873.40
<b>Blue Shield HMO Facility (For Temporary Employees)</b>				
Single	\$339.82	N/A	\$339.82	\$346.62
2-Party	\$713.54	N/A	\$713.54	\$727.81
Family	\$1,019.48	N/A	\$1,019.48	\$1,039.87
<b>Delta Dental PPO COBRA</b>				
Single	\$69.03	N/A	\$69.03	\$70.41
2-Party	\$125.27	N/A	\$125.27	\$127.78
Family	\$176.39	N/A	\$176.39	\$179.92
<b>Delta Care Dental PMI/DHMO COBRA</b>				
Single	\$21.24	N/A	\$21.24	\$21.66
2-Party	\$32.18	N/A	\$32.18	\$32.82
Family	\$47.92	N/A	\$47.92	\$48.88
<b>Local Advantage Dental Plan COBRA</b>				
Single	\$69.03	N/A	\$69.03	\$70.41
2-Party	\$125.27	N/A	\$125.27	\$127.78
Family	\$176.39	N/A	\$176.39	\$179.92

\*RATES ARE SUBJECT TO CHANGE

\*\* INCLUDES 2% ADMINISTRATIVE FEE