



## CITY OF RIVERSIDE 2021 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	\$607.54	\$619.69
2-Party	\$1,227.26	\$1,251.81
Family	\$1,640.38	\$1,673.19
<b>Kaiser Permanente HMO \$30 COBRA</b>		
Single	\$550.32	\$561.33
2-Party	\$1,111.64	\$1,133.87
Family	\$1,485.84	\$1,515.56
<b>Blue Shield HMO \$15 COBRA</b>		
Single	\$775.82	\$791.34
2-Party	\$1,570.30	\$1,601.71
Family	\$2,168.88	\$2,212.26
<b>Blue Shield HMO \$20 COBRA</b>		
Single	\$657.46	\$670.61
2-Party	\$1,330.26	\$1,356.87
Family	\$1,836.58	\$1,873.31
<b>Blue Shield TRIO HMO \$20 COBRA</b>		
Single	\$566.40	\$577.73
2-Party	\$1,146.00	\$1,168.92
Family	\$1,582.20	\$1,613.84
<b>Blue Shield PPO, Blue Card COBRA</b>		
Single	\$1,146.92	\$1,169.86
2-Party	\$2,294.06	\$2,339.94
Family	\$2,925.78	\$2,984.30
<b>Blue Shield Facility COBRA (for Temporary Employees)</b>		
Single	\$356.98	\$364.12
2-Party	\$749.56	\$764.55
Family	\$1,070.96	\$1,092.38
<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