



CITY OF RIVERSIDE 2025 COBRA RATES HEALTH/VISION and DENTAL

HEALTH & DENTAL PROVIDER/COVERAGE CATEGORY*	MONTHLY MEDICAL PREMIUM	TOTAL (COBRA) MONTHLY PREMIUM**
Kaiser Permanente HMO \$15 COBRA		
Single	\$851.60	\$868.63
2-Party	\$1,720.22	\$1754.62
Family	\$2,299.28	\$2345.27
Kaiser Permanente HMO \$30 COBRA		
Single	\$772.54	\$787.99
2-Party	\$1,560.54	\$1591.75
Family	\$2,085.88	\$2127.60
Blue Shield HMO \$15 COBRA		
Single	\$876.66	\$894.19
2-Party	\$1,774.48	\$1809.97
Family	\$2,450.94	\$2499.96
Blue Shield HMO \$20 COBRA		
Single	\$742.94	\$757.80
2-Party	\$1,503.24	\$1533.30
Family	\$2,075.40	\$2116.91
Blue Shield TRIO HMO \$20 COBRA		
Single	\$640.04	\$652.84
2-Party	\$1,295.02	\$1320.92
Family	\$1,787.92	\$1823.68
Blue Shield PPO, Blue Card COBRA		
Single	\$1,363.42	\$1390.69
2-Party	\$2,727.10	\$2781.64
Family	\$3,478.08	\$3547.64
Blue Shield Facility COBRA (for Temporary Employees)		
Single	\$403.38	\$411.45
2-Party	\$847.04	\$863.98
Family	\$1,210.24	\$1234.44
Delta Dental PPO COBRA		
Single	\$69.03	\$70.41
2-Party	\$125.27	\$127.78
Family	\$184.08	\$187.76
DeltaCare USA Dental PMI/DHMO COBRA		
Single	\$25.74	\$26.25
2-Party	\$39.04	\$39.82
Family	\$58.46	\$59.63
Local Advantage Dental Plan COBRA		
Single	\$69.03	\$70.41
2-Party	\$125.27	\$127.78
Family	\$184.08	\$187.76
VSP Vision COBRA		
Single	\$6.92	\$7.06
2-Party	\$9.90	\$10.10
Family	\$17.72	\$18.07

*RATES ARE SUBJECT TO CHANGE

**INCLUDES 2% ADMINISTRATIVE FEE