



CITY OF RIVERSIDE 2026 COBRA RATES HEALTH/VISION and DENTAL

HEALTH & DENTAL PROVIDER/COVERAGE CATEGORY*	MONTHLY MEDICAL PREMIUM	TOTAL (COBRA) MONTHLY PREMIUM**
Kaiser Permanente HMO \$15 COBRA		
Single	\$785.26	\$800.97
2-Party	\$1,586.20	\$1617.92
Family	\$2,120.16	\$2162.56
Kaiser Permanente HMO \$30 COBRA		
Single	\$766.02	\$781.34
2-Party	\$1,547.34	\$1578.29
Family	\$2,068.22	\$2109.58
Blue Shield HMO \$15 COBRA		
Single	\$937.14	\$955.88
2-Party	\$1,896.92	\$1934.86
Family	\$2,620.04	\$2672.44
Blue Shield HMO \$20 COBRA		
Single	\$794.20	\$810.08
2-Party	\$1,606.96	\$1639.10
Family	\$2,218.60	\$2262.97
Blue Shield TRIO HMO \$20 COBRA		
Single	\$684.20	\$697.88
2-Party	\$1,384.38	\$1412.07
Family	\$1,911.28	\$1949.51
Blue Shield PPO, Blue Card COBRA		
Single	\$1,629.28	\$1661.87
2-Party	\$3,258.86	\$3324.04
Family	\$4,156.30	\$4239.43
Blue Shield Facility COBRA (for Temporary Employees)		
Single	\$431.20	\$439.82
2-Party	\$905.48	\$923.59
Family	\$1,293.74	\$1319.61
Blue Shield High Deductible PPO		
Single	\$1,294.98	\$1320.88
2-Party	\$2,590.20	\$2642.00
Family	\$3,303.50	\$3369.57
Delta Dental PPO COBRA		
Single	\$63.85	\$65.13
2-Party	\$115.87	\$118.19
Family	\$170.27	\$173.68

DeltaCare DHMO COBRA		
Single	\$25.74	\$26.25
2-Party	\$39.04	\$39.82
Family	\$58.46	\$59.63
Local Advantage Dental Plan COBRA		
Single	\$63.85	\$65.13
2-Party	\$115.87	\$118.19
Family	\$170.27	\$173.68
VSP Vision COBRA		
Single	\$6.57	\$6.70
2-Party	\$9.40	\$9.59
Family	\$16.83	\$17.17

***RATES ARE SUBJECT TO CHANGE**

****INCLUDES 2% ADMINISTRATIVE FEE**